



JOURNAL FOR NURSES

AUGUST 1941



"It doesn't hurt now!"

In abrasions and other soft tissue injuries, Antiphlogistine may be applied warm or at room temperature. There is no sting or pain on application. It may be used on the most sensitive parts.



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The nurse on the cover is Margaret Morrison, R.N. of American Airlines.

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A JOURNAL **RN** FOR NURSES

Debts AND CREDITS

STAFF NURSES

Dear Editor:

Last year the staff nurses of Pontiac organized as a section of our district association. We had felt very strongly that general-duty nurses needed to unite as well as private-duty nurses. Although ours is a very new organization, we are confident that it will succeed in its purpose as hospitals in other districts in the State have shown great interest in its development.

I am eager to know how many other States have been active in this respect. If other readers have organized general-duty sections, let's have some correspondence on the subject.

Josephine Harlan, R.N.
Pontiac, Mich.

PINCH HITTERS

Dear Editor:

As an ex-service nurse, I am especially interested in the problems of the girls who are contemplating enlisting today.

If married nurses, or those who are past the age limit would be willing to substitute for the younger nurses in civilian hospitals and agree to give up those positions after the emergency, I am sure the Red Cross would have plenty of volunteers.

I feel it a great privilege to be a Legionnaire and nothing would give me more pleasure than to help some other nurse become one.

Henrietta G. Stewart, R.N.
Covington, La.

TOIL AND TROUBLE

Dear Editor:

Like many other R.N.'s who have already expressed their opinions in D & C, I am thoroughly in favor of a national board for registration of nurses. Lack of reciprocity is particularly hard on older nurses whose records may have been lost. Some States will not credit us with having produced the proper credentials when we originally took the board examina-

tions. Of course, we can prove it by writing to our own State board, but the process is long and unwieldy.

I hope R.N. will publish information about what is being done to solve this problem and suggestions as to what nurses can do to bring about necessary legislation.

Ruth Cooke Dowling, R.N.
Pittsburgh, Pa.

OBJECTION

Dear Editor:

In reading the "In Review" section of your February issue, I'm inclined to disagree with the reviewer who commented on Catherine Reilly's "Night Nursing."

I would like the author, and the reviewer, to know that the "slightly lyric style" is what caught my eye and made the book more interesting than the usual nursing text. Unlike the reviewer, I also found the poetry a refreshing touch.

More authors of nurse textbooks should adopt Miss Reilly's style of writing. Then perhaps nurses would read more of subjects in their own field.

I'm grateful for R.N. My file of past issues is particularly helpful.

Olive Bartosik, R.N.
Chicago, Ill.

[Do other readers agree with Miss Bartosik, or with R.N.'s reviewer?—THE EDITORS]

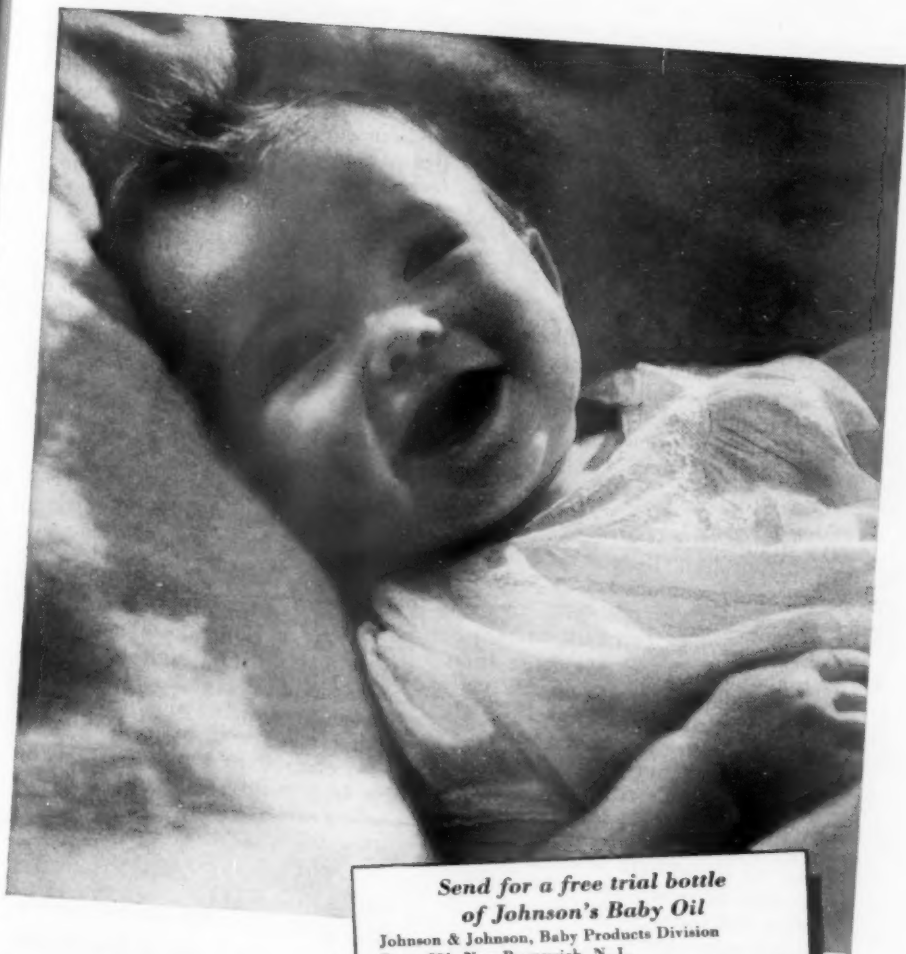
ATTEN-SHUN!

Dear Editor:

Myra Kells' "How's Your Posture" [R.N., May] was splendid! I wish we could have more articles stressing the importance of health and beauty for nurses. It seems ironical that we who care for the sick and injured, helping to repair their broken bodies, should give so little time or thought to our own.

Many good nurses are grossly overweight; others slouch along with rounded shoulders and hollow chests. Physical culture and personal hygiene are badly neglected during the three years of train-

AUG.—R.N.—1941



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Please send me, free of charge, a generous sample
bottle of Johnson's Baby Oil.

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- Will not turn rancid
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- Pleasantly fragrant
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ing. Although make-up has helped the modern nurse camouflage her unhealthy skin and lips, I wonder what she will look like twenty years from now.

I thoroughly recommend a study of your article on posture, plus some constructive practice of the theories it expounds.

Maud H. Spear, R.N.
Westwood, Mass.

REVERSE ENGLISH

Dear Editor:

Some of your readers might like to recall the times when they have been tempted to re-phrase existing rules. Here is what one of our students with a revolutionary turn of mind produced:

HOSPITAL ZONE: Honk all horns and serenade our patients.

VISITING HOURS: 7:00 A.M. to 7:00 P.M.—7:00 P.M. to 7:00 A.M. Bring your lunch and all the children. Beds spread for all nappers. Family reunions held weekly, on Sundays.

RULES FOR RELATIVES AND FRIENDS:

1. Always go at least two doors from your patient's room to discuss politics and previous operations.
2. At five minutes before the hour it is due, remind nurse of the baby's bottle and Dad's citrocarb.
3. Report all mistakes to the doctor *immediately*.
4. Put the signal light on often—so that we may become better acquainted.
5. Play the radio so the next two patients can enjoy it.
6. Don't bother to pay the bill. We'll get by somehow.

Does this ring the bell?

R.N., Lubbock, Texas

PROTEST

Dear Editor:

In your April issue an R.N. from Los Angeles asks why district officers do not visit hospitals, get acquainted with nurses, and help settle grievances. This is the first time that I have ever heard of an organization conducted by officers who would run around from one place to another to get work done!

Undoubtedly, this R.N. has never held an office. I have. And I should like to remind her that most officers are nurses

with jobs, doing what they can in their spare time to help improve the status of nurses in general. They are not sitting back asking anyone to come to them. We guarantee that district officers will become acquainted with any nurse who attends meetings and takes any kind of active part in them. Perhaps the officers referred to were elected because some R.N. did not feel like going to a meeting that night.

The old adage, "everything comes to him who waits," is not true of nurses' associations. Everything we have gained is the result of someone going out and working for it.

R.N., Lubbock, Texas

LIP-READING

Dear Editor:

The letter from A. Ruth Moss [D & C, January] was especially interesting because hearing defects are so common in middle-age. In order to avoid the complaints of patients or the danger of misunderstanding an order, I suggest that nurses so afflicted take a course in lip-reading at the first sign of trouble. Of course, a physician should be consulted and various hearing aids investigated.

Almost any welfare association or Red Cross chapter in the country should be able to give information as to where lip-reading courses may be obtained.

R.N., Bridgeport, Conn.

WORKING WIVES

Dear Editor:

It is just as futile to discuss the pros and cons of married nurses working as it is to argue about religion. Circumstance should be the judge.

I believe that I could easily compose a fair sized book for either the affirmative or negative side of this question, broached in your April issue, ["Should Married Nurses Work?"] but I'll compromise by discussing my own case.

Both my wife and I are registered nurses. While I prefer that she does not work so long as I am able to support her, I should not put my foot down if she chose to relieve the drudgery of housekeeping by going back to nursing. I don't pretend to be an authority on women, but I do know that a man can't always offer him-



Overwhelmingly PREFERRED BY NURSES

AN IMPARTIAL organization in a mailed questionnaire to Registered Nurses recently asked:

Please name the most important germicide that you use PROFESSIONALLY

Lysol won by an overwhelming lead.

When the same question was asked about germicides used "*PERSONALLY (at home)*", Lysol won again, by almost as wide a margin.

Lysol also won first place, overwhelmingly, for such specific uses as disinfecting bedpans, urinals, bed linen, operating tables, beds, floors, walls, lavatories, laboratory, feces, sputum, pus.

Lysol has been preferred for more than 50 years by many doctors and nurses.

Rigid bacteriological tests control Lysol's absolute uniformity and quality. Used in proper dilution, Lysol is harmless to tissues, rubber gloves and sheeting, fabrics and instruments.

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Bloomfield, N. J.

Lysol
Disinfectant



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DON'T JUST ASK FOR "DISINFECTANT SOLUTION". . OR "CRESOL DISINFECTANT". . ASK FOR LYSOL

HAY FEVER SUFFERERS

Here's a
Clean, Convenient Way
to Soothe Those Tickling,
Swollen Nasal Membranes
QUICK-EASY-PLEASANT

Many now use V-E-M for comforting relief of distressing "hay fever" symptoms. V-E-M pleasantly soothes and lubricates accessible nasal membranes, and tends to protect them against irritating dust, pollen and fumes.

The patented V-E-M applicator, supplied with each tube, places a measured dose high up into the nasal passages. It is so easy, so quick, so convenient to use V-E-M's comforting lubrication. The clean-smelling cooling effect lasts for hours.

To test V-E-M's great effectiveness and convenience for yourself and acquaintances bothered by hay fever, mail the coupon below for a large Free Sample.

Nasal Relief without Ephedrine Menthol $1\frac{1}{2}$ gr. Oil of Eucalyptus $6\frac{1}{4}$ gr. in each av. ounce.

The Best Way to Treat Your Nose

Schoonmaker Laboratories Inc., Caldwell, N. J.
Please send Free Sample of V-E-M

To R.N.

self as a satisfactory stop-gap to all his wife's ideas, desires, and spare time.

Hospital officials who are now opposed to hiring married nurses may in the next twelve months be forced to plead with those same nurses to help out. I can remember when this situation *has* occurred and been most embarrassing to superintendents who then had to change their tunes.

If an emergency should arise and my wife's services be required, I should willingly permit them to be freely given—even to my financial loss—providing she were physically able and willing to serve.

Russell W. Frank, R.N.
East Cleveland, Ohio

Dear Editor:

"Circumstances alter all cases" is the adage that applies to the question of married nurses working. Now that many patriotic single nurses are entering Government service the quotation is particularly apt. And, aside from helping out in these crucial times, married nurses have a great deal to offer the profession.

Tolerance and understanding are most often learned in family relationships and, obviously, the married nurse is in a position to acquire these traits. As the mother of two boys, I feel far better qualified to nurse now than before my marriage.

Isn't there less inclination to rush off duty to a family safe at home than to prepare for a "date?" And wouldn't a married woman, experienced in housekeeping, tend to plan her menu in her own kitchen, rather than on duty?

For those who still take the negative viewpoint on this issue, I recommend "Wanted—All Women" by Margaret Culkin Banning, Good Housekeeping, September 1940.

Irene W. K. Roberts, R.N.
Bridgeport, Conn.

Dear Editor:

In the discussion "Should Married Nurses Work?" the negative arguments are very vulnerable.

I am not married and am amused by the contentions of the "No's" which would lead one to believe that the single nurse is a martyr to her job, with but one thought in mind—her patient. What about the duties and responsibilities of single nurses?



GETS *Under* THE SURFACE . . .

To Yield Warming Comfort For Aching, Painful Muscles

Refreshing, warming, soothing, MINIT-RUB does a thorough counter-irritant job below the surface of the skin. Local congestion tends to disperse more readily when MINIT-RUB sends a fresh supply of blood circulating briskly through the congested area. Soothing effects of MINIT-RUB occur speedily and are prolonged. Try this scientific rub-in for . . .

Sore, aching, strained muscles . . . local congestion of uncomplicated colds . . . simple neuralgias.

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Take a
minute to
send for a gen-
erous trial tube
of MINIT-RUB.

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Yes, send me a trial tube of MINIT-RUB.

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New under-arm
Cream Deodorant
safely
Stops Perspiration



1. Does not harm dresses—does not irritate skin.
2. No waiting to dry. Can be used right after shaving.
3. Instantly stops perspiration for 1 to 3 days. Removes odor from perspiration.
4. A pure, white, greaseless, stainless vanishing cream.
5. Arrid has been awarded the Approval Seal of the American Institute of Laundering for being harmless to fabric.



Arrid is the Largest
Selling Deodorant...
Try a jar today.

ARRID

39¢ a jar

AT ALL STORES WHICH SELL TOILET GOODS
(Also in 10 cent and 59 cent jars)

es? In my ten years of nursing I have met few—married or single—without some burden.

Why does the opponent of married nurses think "married secretaries and teachers may be all right?" Surely, if the married nurse has one eye on the patient and the other on the clock, the married teacher or secretary must have a divided mind, too.

If the school systems manage with substitutes while teachers are on maternity leave, why can't the humane profession of nursing adopt the same procedure?

There are some branches of the profession that single nurses seem to avoid. Tuberculosis service is one. At present I am a patient in a tuberculosis hospital where the staff consists almost entirely of married nurses. When there are openings, few single nurses apply, if any.

We must remember that in nursing, as in other professions, some of the best qualified persons are married.

R.N., Metuchen, N.J.

Dear Editor:

The title of your article might well have been, "Should Married Nurses be Permitted to work?" Nurses have themselves answered the simple question, "Should Married Nurses Work?"

As a supervisor of a nursing school, the author of the article supporting the "No's" displays a short-sightedness and appalling lack of understanding of present day problems and conditions. Naturally, nurses are affected by these conditions and subject to the circumstances governing the rest of society. If a man cannot support his family, it is his wife's responsibility to do what she can to help. . .

In regard to clock-watching, I have never known of a nurse—married or single—who has dropped a patient between bed and stretcher because the clock struck the hour she was supposed to be off duty!

Now that refresher courses are being made available and married nurses are being urged to return to work, a supervisor should realize the desirability of keeping available at all times skilled nurses to meet sudden emergencies or epidemics.

Unemployment will not be cured by eliminating an eligible and skilled group of nurses because they happen to be mar-

HERE IS THE WAY NURSE HELEN COBB AVOIDS THIS NASTY, MESSY JOB



*Since Helen first put on her cap
She filled her job with verve and snap.
Her extra care and extra fuss
Insured her patients "service-plus."*

*But one job Helen really hates
Is scrubbing patients' dental plates.
So Helen used her pretty bean—
Let POLIDENT soak dentures clean!*



*For POLIDENT just can't be beat—
Keeps dentures pure and clean and sweet.
You simply soak, then rinse. That's ample!
Write in today for your free sample.*

WORKS LIKE MAGIC Soak 10-15 minutes - Rinse - That's All!

Brushing false teeth is dangerous . . . as well as unpleasant. Polident minimizes danger of hand-infection from unclean plates . . . lessens possibility of scratching, dropping or otherwise damaging expensive dentures.

Cleans, Purifies — WITHOUT BRUSHING

POLIDENT *dissolves* away all traces of dingy film and discoloration . . . *soaks* out odors . . . leaves plates looking LIKE NEW. It gets into every tiny crevice where brushing can't reach . . . won't harm dentures . . . is used and recommended by leading dentists everywhere.

WRITE FOR YOUR FREE SAMPLE—
TODAY. Send name and address to Hudson
Products, Inc., Dept. B1, 220 West 19th St.,
New York, N. Y.



POLIDENT

**"Thank You
Nurse!"**



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wonderfully soothing for
RECTAL
IRRITATION"**

● You know how miserable your patient can feel from rectal conditions such as soreness, chafing, itching, scalding due to frequent enemas, excessive use of tissue, perspiration and the presence of urine. Also from hemorrhoids. Do you know how quickly and effectively you can ease such discomfort with Mentholum and win the patient's gratitude?

Mentholum cools, soothes and lubricates the irritated surfaces and promotes comfort. For the more effective relief of the itching discomforts of internal hemorrhoids the Mentholum Company furnishes a free applicator for the tube. For free trial tube and applicator, write to Mentholum Company, Department N-7, Wilmington, Delaware.

MENTHOLATUM
Gives COMFORT Daily

ried. . . As a married nurse, I hope that for many years to come I can be of use in my chosen profession.

Helen Schultz, R.N.
Brooklyn, N.Y.

Dear Editor:

I am a married nurse who is *not* working. Because I enjoy nursing thoroughly I still keep abreast of advances in the profession, but I consider myself fortunate to be able to stay home and care for my fourteen-months' old daughter. However, I have the greatest sympathy for many married nurses who have to work for financial reasons. I hope the day never comes when legislation forbids their working.

Single nurses have grounds for resentment when married nurses work without adequate financial cause. I doubt if there are many who do.

Married nurses are no less efficient than their single sisters. Nor do they watch the clock any more closely. They may occasionally quit their jobs because of pregnancy, but single girls may leave at an especially busy time for no better reason than the desire for a change of scenery.

Despite arguments pro and con, don't punish the married girl who *must* work because of a few selfish married nurses who lack enough imagination to find jobs in their own homes.

Barbara Grant, R.N.
San Diego, Calif.

Dear Editor:

Should married nurses work? My answer is, yes.

Isn't this a democracy? Then let the married girls work if they want to. If one has the right qualifications for the job, marital status is unimportant. Many women are much better equipped to be good nurses than good housekeepers and they should be allowed to make that choice.

I am unmarried, but enough of an individualist to realize that rules such as "No Work for Married Women" are a step backward, not forward.

Most of the shouting about married nurses working has been from nurses who are unable to secure good jobs because of their own deficiencies!

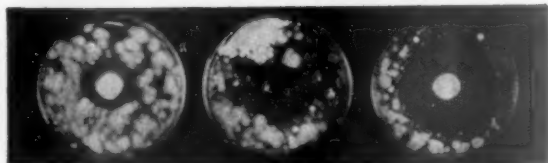
R.N., Newark, N.J.



WARM WEATHER INCREASES ATHLETE'S FOOT HAZARDS

WARMER HEAT, perspiration, exposure of feet in damp, public places are factors which increase the prevalence and severity of Athlete's Foot. Surveys show that 7 out of every 10 people are infected, with the condition aggravated during warm weather.

This summer, hundreds of thousands of people will take measures to prevent and treat Athlete's Foot with the new Mennen powder, Quinsana. This powder is proving itself highly effective, because it creates an alkaline condition which inhibits growth of the fungus which causes Athlete's Foot.



IN AGAR CUP-PLATE TESTS (U. S. Government method) fungus-inhibiting strength is indicated by width of clear area around cup in center of plate. Note great superiority of Quinsana (extreme right) compared with 2 other well known Athlete's Foot medications.



QUINSANA IS INEXPENSIVE—costs only 35¢ for a tin that ordinarily lasts for several months. Use it every day as an aid in prevention—and twice a day (on feet and in shoes) when infection exists. Excellent also for perspiring feet and foot odor. Samples of Quinsana free to registered nurses on request. The Mennen Company, Pharmaceutical Division, Newark, N. J.



IN TWO WAYS, (1) on feet, (2) in shoes, Quinsana powder helps to clear up infection on feet and to prevent re-infection from the fungus which often thrive in shoe linings.

QUESTIONS THAT STUMP A GRADUATE NURSE



Q. Busy from morning till night! How shall I ever find time to give my hair the thorough cleansing and beauty care it needs?

A. Use Fitch Shampoo! Quick and easy to use because you apply it to dry hair and scalp, brings out color and sparkle without the use of an after rinse.



Q. How can I keep my hair lovely in a constant atmosphere of ether and germs?



A. Fitch Shampoo cleanses your hair of all impurities. Even penetrates and cleanses tiny hair openings. A true germicide.

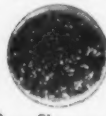
Q. Is there such a thing as a nurse who never worries about her hair at all?

A. If there is, chances are she's the wise nurse who keeps her hair dandruff-free, antiseptically clean, manageable, and lovely with a regular weekly Fitch Shampoo!



HEALTH AND BEAUTY go hand in hand. Fitch Shampoo is the economical way to keep both hair and scalp healthy, because both hair and scalp are absolutely clean and free to function in a normal, healthy manner. Fitch's Shampoo is the only Shampoo whose money-back guarantee to remove dandruff with the first application is backed by one of the world's largest insurance firms. Use it in either hard or soft water. It reconditions as it cleanses! Try Fitch Shampoo today!

**GOODBYE
DANDRUFF**



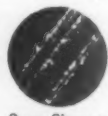
Soap Shampoo

1. This photograph shows germs and dandruff scattered, but not removed, by ordinary soap shampoos.



Fitch Shampoo

2. All germs, dandruff and other foreign matter completely destroyed and removed by Fitch Shampoo.



Soap Shampoo

3. Microphoto shows hair shampooed with ordinary soap and rinsed twice. Note dandruff and curd deposit left by soap to mar natural lustre of hair.



Fitch Shampoo

4. Microphoto after Fitch Shampoo and hair rinsed twice. Note Fitch Shampoo removes all dandruff and accumulation left by action of sebaceous glands, and brings out natural lustre of the hair.



Fitch's DANDRUFF REMOVER SHAMPOO

The F. W. Fitch Company, Des Moines, Ia. Los Angeles, Cal. Bayonne, N. J.

MEMO FROM THE EDITOR . . .



• A Washington correspondent has just sent word of a proposed revision of Red Cross enrollment requirements. In all probability, ANA membership will no longer be required for enlistment in the first reserve. What has prompted this policy change? Apparently serious difficulties are still being encountered in signing up enough nurses for duty in Army and Navy hospitals . . .

Many of you have been wondering why Red Cross enrollment standards are so high. Back of it all is the need for moral and physical strength to cope with the unexpected. Witness the wear and tear recently survived by nurses in the Red Cross Harvard Unit. During June, two ships carrying American nurses to England were torpedoed. Four girls from the second ship drifted twelve days in a lifeboat before being rescued. A United States destroyer picked them up in the Atlantic near Greenland and sped them to Norfolk, Virginia, where they are now recuperating at the naval base hospital. Although suffering from exposure, gangrenous feet, fatigue, and hunger they cheerfully consented to a radio interview and gave statements to the press. Proving Red Cross nurses must—and do—“take it.”

Our first war “casualty” occurred a

few weeks ago when for the second consecutive month Lois Oakes’ “London Letter” did not arrive. Was the author safe? Was the copy lost, intercepted? Then came an air mail packet. “I am sorry to have missed sending an article,” explained our British correspondent. “I did write it, but a maid burnt it by mistake and did not tell me until I had wasted much time hunting for it. Another is now enclosed . . .” For the information of those who have inquired, Lois Oakes is an English R.N. who was editor of London’s *Nursing Illustrated* until the magazine was blitzed out of business. She holds a diploma in nursing from the University of London.

A friend of ours, returning with a group from the League convention in Detroit, reported this conversation of two hard-boiled business men, overheard on the train: “Gang of women aboard,” said one. “Yeah,” said the other. “They look like a bunch of nurses . . .” Will someone please explain how he knew?

In the past year, some 20,000 R.N. readers wrote us and told us how much they liked the magazine. Can’t we hear from those of you who think we could improve?



Why

FORTIFICATION

Families are asking what's behind the Government's program of staple-food enrichment. When you've read this concise summary, you should be able to answer patients' questions.

BY CAROLYN VALENTINE, B.S.

● To "Life, Liberty, and the Pursuit of Happiness" may now be added "Health." Your Government, through The National Research Council's Committee on Food and Nutrition, has organized to provide scientific guidance in a campaign for better national nutrition. In the past, individual diet problems have received considerable attention, but never has such an ambitious Federal project been attempted.

The first striking announcement to reach the public from this committee was news of the fortification of flour and bread. As a result bread, with distinctive wrapping and the word "enriched" on the label, may be found in the market basket of a large majority of housewives. Why did the Government feel that addition of certain vitamins and minerals was necessary in the interest of better national nutrition?

The story dates back to 1916 when McCollum found an antineuritic sub-

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stance in wheat germ. It was called "water-soluble vitamin B." A few years later Osborne and Mendel published a study on the nutritive value of this wheat germ. In 1922, Bell and Mendel aroused interest in milling processes and published facts about losses during manufacture of white flour. Other scientists observed that still other essentials were present in the grain parts which are removed in milling.

The antineuritic substance called "water-soluble vitamin B" is now known to consist of several vitamins, so today is labeled vitamin B complex. It contains thiamine (vitamin B₁), riboflavin (B₂ or G), nicotinic acid, pantothenic acid, pyridoxine (B₆), choline, and others. Thiamine, nicotinic acid, and riboflavin are necessary for proper oxidation of sugar. When carbohydrate foods—such as flour—are eaten, digestion converts them into dextrose. Therefore, demand for the B-complex factors is increased.

This is but one example of the need for important nutritives which are removed when food products are subjected to "refinement" processing in order to satisfy public demand. Efforts to educate the public to a realization of the value of whole grain and other natural foods have met with little success. Consumers preferred certain highly refined products, white bread included, and they insisted upon them regardless of the mass of persuasive information and the pleas of science. Now science gives its first answer to the problem of improving nutrition by making enriched white bread available.

Surveys show that vitamin deficiencies are most common in low-income groups. Therefore, the natural conclusion is that foods to be fortified should be those foods which are most widely used by this group. Fortification should not add to the cost, nor be of a type that will lose value during storage or preparation.

Enriched bread undoubtedly falls into this classification. For those who are

unskilled or uneducated in preparation of balanced menus, the necessary vitamins and minerals may be obtained with ease. While the addition of thiamine, nicotinic acid, riboflavin, iron, and calcium does not make the bread superior or even equal to whole grain flour, it is believed to be a step in the right direction. Certainly the enrichment of bread is a most significant advance in good nutrition.

For the benefit of those who want to follow this interesting trend in nutrition, following are the recommended minimum specifications for flour enrichment:

Per Pound

Thiamine 1.66 mg.

Nicotinic acid or nicotinic acid amide 6.0 mg.

Iron 6.0 mg.

Riboflavin 1.2 mg.

Calcium 0.5 gm.—optional

Vitamin D 250 U.S.P.—optional

These flour quantities have already been given final approval but will not be enforced by law until January 1, 1942.

Proposed minimum standards for enriched bread have been suggested by

Harold M. Lambert



the Committee on Foods and Nutrition of the National Research Council. At present they are being followed until such time as they are either ratified or changes made by the Food and Drug Administration of the Federal Security Agency. These proposed minimum standards are:

Per Pound
Thiamine 1 mg.
Nicotinic acid or nicotinic
acid amide 4.0 mg.
Iron 4.0 mg.
Riboflavin .3 mg.—optional
Calcium .3 gm.—optional
Vitamin D 150 U.S.P.—optional

Some authorities hold that the term "restoration," rather than fortification, should be used. They believe that the vitamins and minerals which are added to a food should be those which are indigenous to the food in its native state. Aim should be to repair damage to food values caused during manufacture. Fortification of bread falls into this latter class. It is expected that some action on fortification of sugar and of fats and oils may follow because these common foods are also deprived of valuable essentials through manufacture.

The low-income groups in the United States tend to eat a large proportion of inexpensive foods such as refined cereals, and less of the expensive ones such as meat, milk, and eggs. In the South, this tendency has an important bearing on the pellagra problem. Because our Government functions on the theory that the deficiencies of special groups should influence the decision for the common interest, nicotinic acid was added to flour. The average person probably does not need additional nicotinic acid, but the small amount present will do them no harm. On the other hand, even this small quantity will be of real value in the pellagra sections.

Studies have proven conclusively that the population as a whole suffers from vitamin and mineral deficiencies. Much work still remains. Prevalence of vita-

min A deficiency and its effect on night blindness is an example. This may soon receive attention in its application to fortification of the common fats and oils.

Fortification of milk has received widespread approval. Because cow's milk is often substituted for mother's milk and because it is a recognized essential for older children, the vitamin D fortification seems to be justified. This fortification has been carried to rather higher levels than the natural content of the milk. Results, however, seem to prove it sound.

Increase of sugar consumption has been regarded as an undesirable trend. Per capita consumption of sugar has now reached the peak figure of about 100 pounds a year! It constitutes about 20 per cent of the total calories consumed, yet refined sugar is almost totally devoid of vitamins. Approximately one-third of the sugar consumed is usually eaten between meals and may be responsible for a child's loss of appetite for the more essential foods. Because refined sugar is so lacking in vitamins, there seems to be a need for fortification or restoration of the essentials removed in manufacture. It is hoped when sugar fortification becomes a fact that it will not tend to increase the consumption of between-meal foods, but rather that of the sugar used in home cooking and table service.

The use of enriched bread as a first step in food fortification will be watched with interest. Will reports show that the population is actually improved in health? Will consumption of the natural whole grains increase as a result of the educational program? What will this important step in nutrition mean to a generation as yet unborn? Science is watching. Further efforts toward fortification of other common foods will largely depend upon these results. In the meantime, new vitamin and mineral discoveries will perhaps show the way to other methods of making adequate nutrition available to all classes.

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Wide V

Early in June, seventeen ARC nurses set sail to join the Harvard Unit in England. That they all reached their destination alive and well comes close to a miracle. Before the end of the month their ship, the Maasdam, had been blown to bits! (Right) Martha Reis, Nancy Heberden, Muriel Sizer, and Shirley Ralph say good-bye to Mrs. August Belmont in New York.



International

TORPEDOED *at Sea*



Wide World

Rescued at last by another vessel, the girls reached London in time to celebrate American independence on July 4th. They managed to salvage some equipment and to keep up their spirits through the ordeal. . . (Left) On arrival, Ruth M. Martin leaves taxi eagerly to investigate temporary London quarters. (Below) Mail from home, delivered the next day, is a bright spot for Shirley Ralph, Lavenia Fulton, and Lillian Evans. . . Meanwhile, U.S. officials dubbed the torpedoing of nurses, "barbaric treatment."

Press Association





How well DO YOU SPELL?

BY REEVA CRANOR, R.N.

• Is your chart a thing of horror or a joy forever? Will you go on record as the worst or the best speller of the Class of '35? Willy-nilly, if you are eager to make friends and influence doctors, give ten minutes a day to the fine and applied art of spelling!

There's no denying that brain-twisters are rampant and couchant in a nurse's vocabulary; if the layman had to write laparotomy, leukocyte, and pyelitis all of a Friday evening, he'd put in a call for Uncle Jim or Clifton Fadiman. But there's little excuse for the R.N. who finds herself stumped by these tongue-twisters. Nine times out of ten, hap-hazard strewing of P's and Q's comes from inertia, not ignorance. Nurses rarely fall down on the sulfanilamides and the sulfapyridines; we make a conscious effort to spell these tricksters properly. But, oh, the *quites* for the quiets and the *clavicals* for the clavicles!

What must the doctor think when he reads *intervenous* for intravenous? And do you know—are you sure—whether it should be *hyperdermoclysis* or *hypodermoclysis*? Hypodermoclysis is correct. And when you withdraw urine from a patient's bladder, do you *cath-erize* or catheterize? You'd be amazed at the number of people who cheat this word of its extra syllable.

Do you remember filling out the surgery report on old Mr. Huffleberry? Did you write that he had had a *super-pubic prostectomy*, or did you accurately

ly record suprapubic prostatectomy?

Normally, does a person have two tonsils or one? All right, does tonsillec-tomy have one "l" or two? Tonsillec-tomy is just what the doctor ordered, and so did Mr. Webster.

When a patient obtains something and you want to say so, do you spell it received or *recieved*? From Canastota to Chillicothe, from Atlanta to the sea, that word has been misspelled, despite the sixth grade jingle, "i before e, except after c . . ." From now on, don't make the "i" and "e" look alike and put a dot in the middle!

Unconscious is another word that gets jumbled into *unconciuous* and *un-conscience*. And when your patient lapses into permanent unconsciousness, he expires—not *exspires*.

If you aren't sure about the spelling of diaphoresis (and who could be!) maybe you'd better let the patient per-spire as far as your chart is concerned.

Do you worry about the "h" and "r" words like these little teasers: hemorrhage, hemorrhoids, gonorrhea, rheumatism? Is it *syphillis* or syphilis? If you aren't sure, lues is easier to spell, but syphilis is correct.

Dilation is the lazy nurse's short-cut for the proper dilatation.

Once in a while the humble egg-nog pops up under the title of *egg-nogg*. Don't be so generous with your "g's".

Even supervisors sometimes write notes to probationers requesting them

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to clean medicine *cupboards*. Cupboard, of course, is right.

Dyspnea and *dyspnea* are pesky little devils. You'd be surprised how many nurses *don't* chart *dyspnea*, which is the apt word for labored breathing.

By all means, let there be blood in the urine if you aren't sure how to spell *hematuria*, and don't imply that a man has a prostrate rather than a prostate gland.

Nurses have been known to write in to the examining board about their *li-sence*. They would be far surer of receiving it if they spelled it correctly, license. And is it reciprocity or *resiprocity* or *reciprosity* or *reciprosity*? There are so many ways of spelling this word phonetically, aren't there? But only one right way, and that is the first one in the sentence.

Whenever you apply for a new position, do you abbreviate superintendent to "Supt." because you think it might be spelled *superintendant*? It's not!

It is not excruciatingly funny to call a patient's broken humerus, *humorous*, nor wise to describe a man lying seriously ill in an oxygen tent as being in a state of euphoria, which means a state of well-being and health.

If you were a doctor's office nurse and he asked you to write to a surgical supply house for information about a sphygmomanometer you would probably have to inquire about a blood pressure apparatus if you didn't have



a dictionary handy. And you would do well to take that dictionary home with you if you spell *impetigo*, *infantigo*—even though it is more common among babies than among adults.

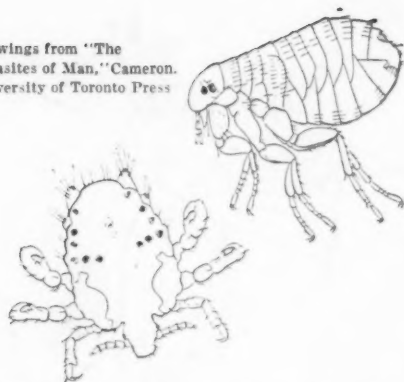
If you dub an X-ray an *Ex-Ray*, possibly you should be an ex-nurse!

The curious mixture of Latin and English in which some R.N.'s delight is only cumbersome to others. Why, for instance, should "et" join two English words? Sponge bath "et" alcohol rub seems as far-fetched as corned beef "et" cabbage. "The patient had a good 'noc,'" sounds serious, looks affected.

Spelling and foreign terminology are not the only rhetorical bugbears nurses face. Some of the phraseology on charts is decidedly ambiguous. If you read under *Remarks* "Special Nurse on Duty" and the line directly under that said "Unable to Void," wouldn't you wonder who—the patient or the nurse? And if you read "the pulse *are* rapid" instead of "the pulse is rapid" wouldn't you think the writer needed to brush-up on her grammar? Pulse is singular, always has been, always will be.

If doubtful, check with Mr. Webster on the meaning of words before you use them. Your heart palpitates (or should) when that charming new interne singles you out for attention; it does not *palpate*. The fire-eater in a carnival might expectorate *flame*, but the normal patient will come through with phlegm. [Continued on page 38]

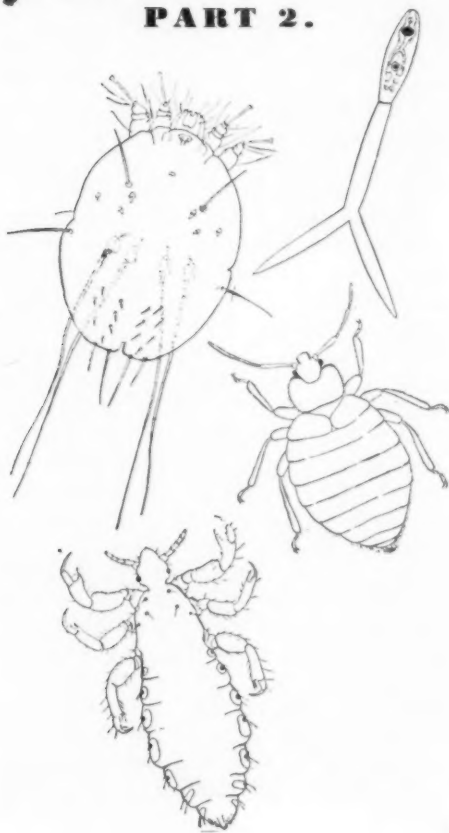
Drawings from "The
Parasites of Man," Cameron.
University of Toronto Press



QUICK FACTS ABOUT

Parasites

PART 2.



Victims of parasitic disease are often children of migratory workers, living in squalor and poverty.

• A previous article discussed several parasitic diseases and infections. That article emphasized internal conditions caused by these parasites. While there is some overlapping, the following deals primarily with infections of the skin. Some are very common. Others are becoming more fully understood as laboratory technique improves. Undoubtedly parasitic infections must now be considered in diagnosis.

Fungus allergies, treated with skin testing and desensitization by extracts of fungus spores, have been reported. Cases have found immediate and lasting relief if the proper fungus extract is used. With increasing knowledge of these infections, many of which are transmitted by insects, the bites become more significant than merely annoying.

Ringworm (athlete's foot).—

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Photos from U.S.P.H.S.

Rocky Mountain spotted fever, carried by ticks, has spread far beyond the area of its origin. Government research has developed vaccine for prophylaxis.

toses. A recent survey shows that it is the most common skin infection of summer. Laymen are prone to believe practically every cutaneous infection on the feet or hands is ringworm. Actually, a microscopic diagnosis is necessary. Careful history and interpreted skin tests are of great significance.

Initial lesions are vesicles which may be single or multiple, grouped or widely distributed. Vesicles are deep seated, slightly elevated or level with the surface, and may resemble small spots imbedded in the epidermis. The content is serous unless a secondary infection contaminates it. Redness usually surrounds it. In acute cases the vesicles may be grouped and form bullae. Feet are very commonly attacked. Symptoms are itching, either moderate or severe. Sensitiveness and pain are present in more serious cases. Men are more

often affected than women. Familial transmission is common. It is more prevalent in warm weather. The fungus may lie dormant for long periods under calluses, nails, or toes. From these points reinfection may occur when heat and moisture are present. Dressing rooms, shower baths, runways in athletic departments are common points of infection. Individual susceptibility is variable and depends largely on tendency of the feet to sweat.

Treatment of acute cases consists of soothing boric acid wet dressings and boric acid ointment at night. Bed rest may be indicated in severe cases. Sub-acute cases respond to potassium iodide, iodine crystals, salicylic acid, boric acid and alcohol, or carbol fuchin dye. Potassium permanganate, gentian violet or fractional doses of X-ray are often effective. Many commercial products



Photos from U.S.P.H.S.

Pine woods and thick underbrush are natural habitats for ticks. This lumberman is about to capture a female tick. Note that the male, at the right, is smaller.

containing these substances have been used successfully. Chronic cases are most common; strong ointments and powders are needed here. Wearing of ventilated shoes in summer and employing a mild dusting powder to keep feet dry is recommended. Average duration is from two to three weeks, but years may be required for complete recovery.

Prophylaxis is important. Immersion of feet in sodium hypochlorite solution is suggested. Shoes, socks, rugs, and carpets should be sterilized with a formaldehyde candle. Separate towels should be used. Shower shoes and white socks that can be boiled are advisable. Walking barefoot on moist surfaces should be avoided.

Ringworm of body, scalp, and beard may also occur. It frequently simulates eczema intertrigo. Spread is very rapid, frequently involving the thighs, groins, genitals, mons veneris, and nates. Ring-

worm of the nails may cause them to become opaque, white, thickened, soft and brittle. Ringworm of the scalp appears as circumscribed areas of partial baldness. It usually occurs in children, infrequently in adults. Barber's itch (or ringworm of the beard) attacks the hair and hair follicles. Numerous pustules mark sites of the hair follicles. They rupture and exude a yellowish pus which dries in crusts. Hairs are dry and brittle, breaking or falling out easily. Chin, neck, and submaxillary regions are most often affected. Unless treatment is complete, relapses are frequent. Parasitic infection of the trunk may begin with small yellowish macules scattered over the region. These may increase in size and produce large patches. A scale may cover the area.

Swimmers itch.—Recent reports show this parasitic infection does not spread from person to person. Birds which infect water snails are the cause.

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These snails excrete a species of worm known as schistosomes and they penetrate the skin of man. Greatest incidence is in northern and midwestern States, and in the central provinces of Canada. Irritation and itching sensation result. Control has been accomplished by copper sulfate and copper carbonate mixtures introduced into the waters.

Lice.—It is known that several types cause a mild typhus-like disease such as the endemic typhus of southeastern United States. In time of war they may constitute a serious menace. Lice are known carriers of typhus, relapsing fever, or trench fever. Dogs and cats may be carriers. The three common types are *pediculus capitis* (head louse), *pediculus corporis* (body louse) and *pediculus pubis* (pubic or crab louse). They rarely attack other parts. In piercing the skin for the blood on which they live, a poisonous salivary excretion is exuded. Dermatitis may be complicated by pyogenic cocci as a result of scratching.

The head louse is most common in women and children. Hairs become lusterless and dry accompanied by intense pruritus of the scalp. Cervical lymph glands may become enlarged and general health impaired through septic absorption due to secondary infection. The scalp may be soaked in equal parts of kerosene and vinegar and a loose bandage applied for several hours. This dissolves the glue by which the nits (eggs) adhere to the hair. It also kills the lice. Other solvents are xylol, benzene, and a copper salt. Several preparations are on the market for convenient treatment. After such treatment, the nits are removed with a fine tooth comb. Daily shampoo is used until lice and nits are completely eradicated. Children in school should have a daily check by the nurses.

Body lice lie in seams of undergarments, especially where pressure is present—as under the collar or beneath the belt. They are seldom found on the skin. [*Continued on page 47*]



With a heavy file, researchers comb skin parasites off rats. The animals are then dissected for examination.



THIS *New* ARMY GAME

•Somebody has to stay home, I suppose, in the pillow-patting and brow-smoothing ranks.

"But why does it have to be me?" I ranted ungrammatically. "Look at Marge—a lieutenant down at Fort Marshall, hobnobbing with captains courageous. And Lucy, with the U.S. Public Health Service. And Elsie, doing something mysterious but essential on an Indian reservation. And Josephine, kiting off to England with a medical unit.

"And what am I doing for my country? Nothing! Just stumbling around on the same old rounds, making out time slips, breaking in the new admitting clerk, rearranging schedules because we can't get enough help, lengthening my own day until I can't seem to find time to do anything vital for defense..."

In other words, good old Force of Circumstance had me feeling like Benedict Arnold until Sue Bailey, secretary of the local YWCA, gave me a chance to do something for God and country and the 1941 Army. Sue whipped up the bright idea of having the nurses at our hospital be hostesses at an open house for the soldiers from Camp Kitts the following Sunday at the YW.

At the appointed hour, slicked up in our best off-duty pinafores, we awaited our guests.

"The Yanks are comin', the Yanks are comin'," Ann drawled in her native Dixie dialect just as two big trucks with tan-canopied tops drew up to the door. There's nothing like the Army for promptness. We had said three o'clock, and three o'clock it was—to the dot.



BY ROXANN

Out of each bandwagon rolled thirty men, the tall, the short, the fair and swarthy. They were as scrubbed and combed and pressed as a bunch of Boy Scouts primed for a Decoration Day parade. The Victor Mature's and Lawrence Olivier's were conspicuous by their absence but my predatory glance revealed several personable lads who could do credit to any man's Army. On one, in particular, I set my glittering eye.

"On your mark, go!" Jane said, unnecessarily, as all fifty of us broke ranks and bee-lined for the brave defenders of our country.

I still suspect Mildred, the muscle moll, of having tripped me up. Thirty seconds later when the world came back into focus, my future general was gone. Nurses and soldiers had begun milling

around together like bubbles in a pop bottle. Somebody made a dive for the juke box, someone else for the run-down piano, pingpong balls zipped past, and an arrow nestled in my hair just north of my scalp. The party was on!

Leaning against a porch pillar was a ghostly, flaxen-haired little man, looking vaguely expectant.

"Hello," I said. "Like to see the grounds?"

He seemed positively startled; then woebegone.

"Aha, a timid soul," I thought, taking firm possession of his arm. "I'll just build up his confidence."

It was a miserable stroll. While I blithered and blathered about my susceptibility to men in uniform, my Mr. Milquetoast shrank deeper and deeper into his olive drab.

Finally the porch pillar again hove into view. Who should be leaning against it *this* time but that gimlet-eyed dreadnaught, Miss Catnip, my erstwhile superior. I clutched my reluctant doughboy still tighter.

"It's sourpuss," I said. "Let's run."

"It's my wife," he said breaking my grip as Miss Catnip bore down upon us.

I had just burrowed into a quiet corner when a large hand fell on my shoulder.

"Hello, sister," said the current edition of Sergeant Quirt. "You're a neat little bundle from Brooklyn. How'd you like to cut a rug or two?"

Well, Ginger Rogers and Eleanor Powell need never worry about my chiseling in on their territory, but I've been told that I do a mighty neat job of hoof-sliding. That was before I lost my confidence and a couple of ankles in the Army!

My bumptious friend lost no time in getting the boogie-woogie to end all boogie-woogie on the juke box. Before I could escape gracefully, he clamped me by the scruff of the neck and, like Whirlaway at the Derby, we were off! We hopped; we jerked; we jived and

jittered. I could almost hear my vertebrae clicking like castanets.

"If this is 'cutting a rug,'" I gasped, "give me linoleum!" Several weeks later, according to my own conservative estimate, the record came to an end, and we gyrated right next to that same Mildred of the stunning biceps, who was sitting on the sidelines. Docile as ipecac, I dragged Tarzan over to her and presented him, leaving them to demolish more carpets.

Even though my knees were quivering like coffee jelly, I couldn't rest. This was the soldiers' night to howl and we had agreed to howl with them! Not that they weren't doing all right without my help. I want to go on record right now as saying that if these 1941 warriors fight with the same grit and gusto that they put into their social life, Hitler and his Panzers had better start trekking to the top of his favorite mountain immediately.

They weren't bashful about stepping up and getting their "chow" either. I ladled out enough salad and cold cuts, iced cakes and coffee to dam the Hudson, but it certainly disappeared. While apparently relishing every mouthful of

our food, the boys made pungent comments on Army diet.

"They sound worse than our hospital crowd at Friday supper!" Madeleine giggled. "The food at camp is better than they'd get in plenty of restaurants. I know because I've eaten it."

"It's not the food; it's the atmosphere," said a freckled-faced corporal, grinning at her. "If we could each take a nurse home for a souvenir and dinner companion. . ."

"You can come out to the kitchen and be a dishwashing companion," Claire informed him.

Soon the kitchen was alive with male helpers. Surprisingly, only two cups were broken, a half-dozen salad forks thrown in the garbage, and a fruit bowl smashed. It *would* have to be the pottery bowl loaned us by Mrs. Estelle DeLee Hammacher, our fussiest board member.

I thought that after our guests were saturated with food they would quiet down, and in one sense they did. But not in another. They aimed to do a little singing. And they did—all the way from "Amapola" to a mournful little ditty entitled, "The Dying Cowboy." A tone-deaf Texan had been sounding off with the last-named dirge for half an hour, so rather than commit mayhem, we joined in.

The field artillery's caissons were "rolling along" in close harmony when the officer who had "chaperoned" our draftees gave them the high-sign.

"Time to get back to camp," he said. "And on the double quick."

Just then the Great White Hope swaggered in. Mildred came limping after, a fixed and glassy stare in her eyes which she turned, with terrible intensity, on me.

"Beat the retreat," I whispered to the officer, "before there's a hand-to-hand skirmish."

As the trucks roared away into the night, nurses began "folding their tents like the Arabs and as silently stealing away." [Continued on page 54]



"Then I took stock. . . an inflamed eye, a cigarette burn in my new shantung. . ."

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IN REVIEW

A QUICK GUIDE TO CURRENT BOOKS OF INTEREST TO NURSES



PHYSICAL THERAPY FOR NURSES.

Richard Kovacs, M.D. \$3.25. Lea & Febiger. (Second edition.)

● As R.N.'s increasingly come in contact with newer orthopedic treatments, they need more and more background material on physical therapy. This term covers more than has been previously realized. It covers artificial fever techniques, colonic irrigations, baths, and packs. Even a good back rub is considered a form of physical therapy!

Dr. Kovacs has for years taught the graduate nursing course in physical therapy at the New York Polyclinic Hospital. He apparently assumes that his readers will be as advanced as his students for he offers some rather stiff background material in physics, too complex for ordinary consumption. Otherwise, his material is not only clear but fascinating reading. Nursing techniques are carefully outlined and illustrated with excellent pictorial material.

The author's closing remarks on personnel show his high hopes for nursing in his field. He says, "The nurse who studies physical therapy has a decided advantage over the ordinary technician. She has already learned the code of ethics between the patient, the physician, and herself."

This is an excellent book for library-builders; it is almost a "must" for the orthopedic-minded.

FIRST AID IN EMERGENCIES.

Eldridge L. Eliason, M.D. \$1.75. (Tenth edition.) J. B. Lippincott Co., Philadelphia.

● It is no wonder this book has gone through nine previous editions; its thoroughness and expert factual information would recommend it to a wide variety of lay and professional readers.

Because of the mass of material, the volume would seem better for first-aid courses and extended study, than for in-

stantaneous reference in an actual emergency. However, it is good to find a first-aid text whose information is not scanty, whose directions are complete and exact.

R.N.'s will be interested in Dr. Eliason's much-better-than-usual discussion of poisons; also his excellent chapter on unusual devices for emergency splinting.

ESSENTIALS OF NUTRITION.

Henry C. Sherman and Caroline Sherman Lanford. \$3.50. The Macmillan Co., New York City.

● Any nutrition text marked with the name of Sherman carries its guarantee with it from the beginning. This new book, as an attempt to put into lay language some of the basic facts on food, is a marked success.

Many R.N.'s may think the discussion is too simplified, the medical facts insufficiently emphasized. This is a book, however, which could be put into the hands of patients or used as a basis for popular lecture material.

For a more complete discussion, R.N.'s can always turn to Sherman's "Chemistry of Food and Nutrition." But this less technical discussion should be helpful in a hundred different nursing situations.

HISTORY OF NURSING.

Luella J. Morison, R.N. and Anna C. Fegan, R.N. Sixty cents. F. A. Davis Co., Philadelphia.

● Nursing history is a subject which has often been dismissed as complicated, even a little monotonous. But, presented in this compact sixty-page outline, the story of the growth of woman's oldest white-collar field assumes purpose and new interest.

The authors, who teach nursing and nursing history respectively at St. Rita's Hospital, Lima, Ohio, have made a canny selection of material. They have left out burdensome details of the Middle Ages,

brought nursing down to our own times and problems.

Even such recent developments as the formation of the Nursing Council on National Defense and the newer developments in Government nursing are included in the discussion of today's nursing set-up. This publication makes a good hand-book on American nursing today as well as yesterday. Best of all, it refrains from over-emotional jibberings about The Profession.

TEXTBOOK OF PYRETOTHERAPY.

Willis Phillips, R.N. \$2.00. Distributed by the author, 1021 Kirkman St., Lake Charles, La.

● As Miss Phillips points out in her preface, pyretotherapy is so new that the physician in the field needs a special amount of thoughtful and understanding assistance from his nurse.

To any R.N. working with fever therapy, this compact handbook is a mine of information. The author deals capably with theory, but devotes much of her space to the practicalities of actual patient care. Normal and abnormal developments of treatment are thoroughly dealt with, but most valuable, perhaps, are model charts and records of cases.

Miss Phillips is one of the few nurse-authorities in an important new field. Her work deserves widespread professional attention.

ANATOMY AND PHYSIOLOGY LABORATORY GUIDE.

Edmond J. Farris. \$1.60. (Third edition.) J. B. Lippincott Co., Philadelphia.

● Mr. Farris has planned this text on the sensible premise that nurses have only a short time to learn a tremendous amount of anatomy and physiology; that the two can be studied together; and that as little time as possible should be wasted in such pursuits as laborious drawing.

He has, therefore, provided large-sized drawings of parts and sections of the body, ready to be studied and labeled. Also included are directions for dissection of lab specimens, suggestions for accompanying moving-picture films, and also questions for a review to follow.

In spite of the hefty amount of material contained therein, this guide is anything but dull. It should lighten the lab hours

of many a student, and catch the interest of many a fact-hunting graduate. It may have quite a future in the work of "refresher" courses, since its method is quick and simple.

TECHNIC OF NURSING.

Minnie Goodnow, R.N. \$3.00. (Fourth edition.) W. B. Saunders Co., Philadelphia.

● Miss Goodnow has been conscientious in detailing the minutest points of physical care of the patient, in this new edition of her text. But she has not been so thorough or so informative about the technique of good nursing from the mental point of view.

Her book is intentionally general, therefore it does not pretend to fully cover such subjects as the "care of babies and small children" in one chapter. For discussion of the well-known principles of bedside care, however, the book is both correct and usable.

This book, to the mind of the reviewer, gets off to a bad start by discussing how to clean floors in the second paragraph. Not that hospital housekeeping is unimportant; but surely there are larger aspects of nursing with which to meet the reader in his first glance.

CHEMISTRY OF FOOD AND NUTRITION.

Henry C. Sherman, PH.D., SC.D. \$3.25. (Fifth edition.) The Macmillan Co., New York City.

● This famous volume has been so consistently used by R.N.'s in all fields, that no new introduction is necessary. Suffice it to say that the fifth edition is even better than earlier ones; has been completely rewritten to fit the new demands of the day.

Dr. Sherman has never been an up-in-the-clouds theorizer. He uses chemical facts for practical purposes. His best chapters are given to the discussion of food economics, or the best use of food in a variety of financial situations.

The author, too, sees food as a national and international problem, foreshadowing the war problems of nutrition which are just beginning to hit newspaper headlines.

This is primarily a reference text, of greater than ordinary value. In its new form it will be more useful than ever to the profession.



Ellen Hays, a Baylor University graduate, has been obstetrical supervisor at Silver Cross Hospital for six years. Below she demonstrates the bassinet she helped to design.



DESIGNED FOR SAFETY

• A safe start for every baby is the credo of Ellen Hays of Joliet, Illinois! Spurred by this belief, she and Superintendent S. K. Hummel utilized their home ground, Silver Cross Hospital, to design a new type bassinet. It combines a fully-equipped dressing table with crib. Made of Duralumin, these infant-units are supported by five legs equipped with castors. Locks, on the two front wheels, insure safety. Individual care for each baby is provided

in the sliding compartment tray, fitted with autoclaved linen and medicinal supplies. Each baby unit has its own provisions and they are never interchanged. His Nibs, the newly-born, is bathed and dressed on the table which slides out from under the crib, thus eliminating the use of a communal dressing table. Miss Hays reports that use of the Hummel bassinet has helped eliminate cross infection and greatly promoted efficiency.

WOMEN WHO NURSE



Camilla Danforth, R.N.

• Up on the twenty-sixth floor of number nine Rockefeller Plaza is the "fainting room," so dubbed by the employees of Time, Inc. There also, is Camilla Doughty Danforth, industrial nurse, who helped plan, equip, and decorate the four-room medical department over which she presides.

Georgia "bawn" and raised, Miss Danforth graduated from the University Hospital in Augusta with a ninety-seven average. An itching foot soon brought her to New York where her professional life began in earnest.

Camilla says that neither occult "voices" nor compulsion to do right by the wronged urged her into the nursing profession. Quite practically, for a Dixie lass, she just made up her mind to do *something* and nursing seemed the most constructive and interesting choice of career.

The background for her present job with the slickest of the slick magazine publishers was, perhaps, less orthodox than that of many of her colleagues. Flashbacks show her working as a doctor's nurse, in the New York Maternity

Beds are completely changed after each "nap." Camilla says she is glad not every one of her 600 monthly patients want to lie down!



RN photos by Isabelle Cole

Center, and for McCreery's department store. They also show her taking a business course, and night classes in life drawing and textile design at the Art Students' League and the Grand Central Art School. When the pieces are fitted together one can see where efficiency has grown from this experience, adaptability from that, dexterity from another, and a fundamental understanding of people from the whole.

At any rate, natural endowments plus experience seem to have custom-made Miss Danforth for the organization she serves. The general public has evolved a mental picture of that organization from the three major magazines it publishes—*Life*, *Time*, *Fortune*. There is a crispness, a modernity, a passion for authentic facts, and tolerance toward human foibles—all presented in an attractive format. Observation of Camilla at work shows how well she fits the bill. To begin with, her "format" is attractive, too—so much so that it is quite probable that some of the frequent pencil-point wounds treated in male employees are self-inflicted!

Then there is the Medical Department, the background which she helped create for the type of nursing job she

planned to do. It combines practicality with comfort, order with charm. The office is made home-like with green leather-upholstered chairs, natural wood tables pleasantly littered with magazines, and Venetian blinds. It is a good place to sit down and chat, tell your troubles, and reap some good advice.

A devotee of system and organization, Camilla planned the treatment room after careful research and personal inspection of other industrial medical units. Indirect lighting is augmented by powerful spotlights; medical cabinets are amply stocked with requisite and emergency supplies.

Supplementing standard equipment, *Time's* Medical Department includes an Infra Red lamp, a sterilizer, a folding wheel chair, and a Berger loupe used constantly by Camilla to find that illusive speck indigenous to the Manhattan eye. Eye, ear, nose, and throat complaints, by the way, far exceed other ailments on her records. Runners-up are the pencil point punctures previously mentioned, other wounds and abrasions, gastric illnesses, and fatigue.

Even the mute, inglorious hangover occasionally rears its swollen head. *Time's* editors have not yet forgotten



"You'll be all right in a jiffy," smiles Miss Danforth, taking a patient's pulse and temperature. The photo at the left shows Time's well-equipped utility cabinet with its stainless steel sterilizer.



an incident occurring soon after Miss Danforth's advent with the organization. One morning a young reporter wandered into the hospital, looking awful and complaining ruefully of butterflies in his stomach. Camilla dosed him and tucked him into bed. When he emerged, dewy-eyed, a few hours later she asked him his name and department for her records.

"I don't work here," the erstwhile tippler explained, blushing. "I'm from *The New Yorker!*"

Unfamiliar with the fierce competitive fun-slinging between the two publications, Camilla was at first baffled by the delighted whoops and hollers that greeted this story and by its highlight-

ing in the next week's issue of *Tide*.

Although Time, Inc. has a few more male than female employees, about three-quarters of Miss Danforth's patients are women. A four-bed resting room, stall shower, and up-to-the-minute powder room are reserved for feminine use. Justly proud of the decorative scheme and practicality of this unit, Camilla gives credit to the organization's personnel director for having designed it. Flanking each bed is an ingenious slate blue cabinet which doubles as a bedside table and wardrobe for the patient's wearing apparel. Each cabinet is equipped with an electric bell whose summons chimes (Camilla's idea) in the outer office. [Continued on page 44]

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News OF THE MONTH

BY JEAN DE WITT

NEW YORK, N.Y.—Just one year old, the Nursing Council on National Defense celebrated its anniversary last month by requesting additional funds to continue its work.

Burden of financial support for the Council last year was carried by the ANA, its parent organization. This year, with a greatly reduced budget, the ANA is forced to ask the various State branches for co-operation in dollars. In the ANA's 1941-42 budget, only \$500 has been provided for Council expenses; \$10,000 is the amount needed.

In asking for additional funds, the Council restated its objectives as follows:

To determine the role of nurses and nursing in the program of national defense.

To unify all nursing activities which are directly or indirectly concerned with national defense. To ensure the continuance of the high quality of nursing schools and services in order that effective nursing may be maintained in a national emergency.

To act as a clearing house regarding nursing and national defense, and to co-operate with other agencies having related activities and functions.

Chief item on the Council's program during the past year was the National Nursing Inventory, now being tabulated by the U.S. Public Health Service.

WASHINGTON, D.C.—In the coffers of the U.S. Treasury is \$1,200,000 to be applied against nurses' training by provision of HR-4926, recently passed by Congress. To be administered by a special committee under the U.S. Public Health Service, this money will cover "the cost, including subsistence, *but not including cash allowances to trainees* [italics ours], of refresher, student nurse, and postgraduate nursing courses." The plan, according to the Legislative Bulletin of the Medical Society of the State of New York, is to

train approximately 5,600 nurses, to give refresher courses to 6,000 inactive graduate nurses for a period of six months, and to provide postgraduate specialty courses for 600 nurses for a period of from six to nine months. A survey of all accredited schools of nursing is being made by the Public Health Service to select a possible 600 which will receive money grants for the specified training. An additional \$50,000 for salaries and other general administrative expenses is provided by the new law.

Last month, Surgeon General Thomas Parran requested the appointment of Eugenia K. Spaulding, assistant professor of nursing education, Catholic University of America; Lucille Petry, associate professor of nursing education, University of Minnesota, and Margaret Arnstein, district supervising nurse, New York State Department of Health, as fund administrators.

CHICAGO, ILL.—When, and if, the United States is involved in a sure-enough shooting war, nurses may be called upon to give blood-plasma transfusions at the site of injury. Portable apparatus for administering plasma has now been developed by John R. Upton, M.D.; B. E. Emery, M.S., and R. B. Clark, all of San Francisco.

"Experience in the present war has already shown the urgent need for plasma transfusion in shock, burns, and hemorrhage," say these scientists, describing the kit in *The Journal of the American Medical Association*. "If transfusion is delayed, inevitable and irreversible changes occur in a large proportion of cases."

Contents of the kit include dry plasma, sterile water, intravenous needle, rubber tubing of "Y" design, mechanical filter and drip chamber with needle attached to the short end of the Y-tube, plus a spinal type needle with stylet in a sterile test tube.

[Turn the page]

Nurses could easily be instructed in the technique of giving the transfusion, say these authorities. After opening the corrugated cardboard container, the contents are removed and, in the absence of a table, are set up on the box itself. Lacking more conventional equipment, "a sapling, a tent stake, or even a gun-stock with bayonet stuck firmly into the ground" may be used to suspend the bottles. Since the turn-screw petcock accurately gauges the rate of flow, the height of the object suspending the bottles is not material. The hermetically-sealed bottle is contained in a tin can which can be opened with any standard can-opener.

Designed to meet conditions of modern warfare, the portable transfusion apparatus may be equally effective in treating civilian casualties.

BOSTON, MASS.—Nurses weighing the pros and cons of union membership often ask, "What do doctors say?" From New England, one physician writes on the labor situation as follows:

"It would be a calamity for hospitals to become unionized. . . It has always seemed

to me that service is one of the outstanding attributes of nursing. If medicine and its branches are going to become established on a commodity basis by which patients' welfare and service to human beings are to be placed below that of obligations and responsibility for their care, nursing as a profession would lose a great deal of its attractiveness. One of the great difficulties, it seems to me, that is occurring in regard to medicine, nursing, and all related branches of medicine, is the inclination on the part of lay people and some of the groups associated with medicine, to deal with medicine as though it were a commodity. It will never be a commodity. It will never attain again its present position without devotion and sentiment attached to it that is not primarily related to hours, hard work or money."

The doctor whose personal views are expressed in this statement to R.N., is Frank M. Lahey, current president of the American Medical Association.

MORGANTOWN, W.VA.—In line with the present crescendo of job-openings, The Merit System [*Cont. on page 55*]



NEW HOPE— IN ADDISON'S DISEASE

BY ALLEN KLEIN, PHAR.D.

• Addison's disease arises from deficient secretion of the medulla and cortex of the adrenal glands. Chief objective of the physician is to restore (as far as possible) the sodium-potassium imbalance, to offset:

1. The reduction of sodium concentration in the blood plasma.
2. The increase in sodium excretion.
3. The rise in plasma potassium and lowering of the plasma volume.

Until this past decade, the doctor was practically helpless; he just stood by and watched patient after patient die. Then early in 1930 Swingle and Pfiffner reported that they had kept adrenalectomized cats alive indefinitely by means of an extract of the adrenal cortex. Since that time, moderately fair results have been obtained in Addisonian patients through the use of this extract plus adjuvant sodium chloride.

But laboratory men were not content with the animal extract of the adrenal cortex. They searched assiduously to find a synthetic product to do away with the disadvantages of the natural hormone. And they found it in "desoxycorticosterone acetate," a drug which has made prognosis in Addison's disease much more hopeful.

Desoxycorticosterone acetate is a sterol. It crystallizes as fine, colorless needles, insoluble in water yet soluble to different degrees in alcohol, chloroform, and oil. Sesame oil seems to be the medium of choice for injection.

Researchers Thorn, Engle, and Eisenberg noted excellent effects on the sodium and chloride retention in dogs given desoxycorticosterone. Life and

muscular activity were maintained.

Thorn tried the drug in humans. He injected, intramuscularly, 5 to 25 mg. of the hormone in sesame oil into eight patients with Addison's disease. All of the patients showed improvement in sodium and chloride retention, an increase in potassium excretion, increased plasma-volume and total plasma sodium and chloride content. Body weight picked up and so did blood pressure, appetite, and muscular strength. There was no supplementary administration of sodium salts or decrease of dietary potassium during treatment with desoxycorticosterone. Upon withdrawal of the drug, the patient relapsed. Restitution of medication brought about all the subsequent good effects.

Both here and abroad, investigators concur in attributing to synthetic adrenal extract speedy relief from muscular weakness, nausea and vomiting, and return of appetite and weight increase. Blood pressure, while rising, remains a little subnormal. Ferrebee states, "Clinically there is unequivocal improvement far greater than has resulted from any therapy hitherto advocated." He urges extreme caution in administration of excessive amounts because this may lead to development of hypoproteinemias, marked edema, and cardiac insufficiency. However, 30 to 35 mg. a day has been injected with no untoward effects.

Contraindications to desoxycorticosterone are, chiefly, nephrosis and hypertension and other conditions in which a transitory rise in blood pressure or volume might be undesirable. Caution is to be observed in using the drug in pyrexia when active tubercular processes are present. In scattered instances a hy-

persensitivity to the oil vehicle may develop as manifested by local reactions, rash, and passing rise in temperature. If so, treatment should be temporarily stopped until it can be determined that hypersensitivity is gone; substitute therapy goes on during the interim.

Dosage of synthetic adrenal extract varies with the severity of the case; the amount of sodium and chloride used by the patient daily is taken into consideration. Some patients have done well on 5 mg. weekly, others have required as much as 25 mg. or more daily for maintenance. As to the question of simultaneous administration of salt additional to the diet, and the reduction of potassium, that, too, appears to depend upon the individual patient. Ferrebee has found that patients do most satisfactorily with small doses of the synthetic hormone without the addition of salt beyond that of the usual diet.

Treatment of any underlying cause of Addison's disease, such as tuberculosis or syphilis, goes on at the time the synthetic adrenal extract is being used.

Desoxycorticosterone has been tried in cases of chronic fatigue thought to be due to mild adrenal insufficiency following such infections as scarlet fever, diphtheria, pneumonia, and influenza.

SOMETHING NEW UNDER THE SUN

● A new process converts coffee beans into a fine textured flour. It is entirely free of coffee flavor. The nature of the flour adapts it very well to cake making. On the opposite side of the picture is this item. A new coffee substitute will be introduced shortly. It is made from unsulphured figs and claims are made that it compares very favorably in taste and appearance with coffee. It will be entirely free of caffeine.

Also awaiting corroborative evidence is the value of the hormone in the treatment of severe burns, scalds, myasthenia gravis, thyroid crises, asthma, and convalescence following acute infections. Scanty reports tell of dramatic results.

Desoxycorticosterone has also received widespread publicity anent its life-saving possibilities in preventing and minimizing surgical shock. Perla and associates utilized the drug before and after operation (together with a diet high in vitamins, proteins, calories, fluid, and salt). They find patients "strikingly benefited" in all instances. Surgery appeared to proceed more satisfactorily, even in "danger" patients. Postoperatively, they write, "exhaustion and toxemia were definitely lessened, operative recovery appeared... more rapid." It is to be hoped that further findings will substantiate those in hand.

The advantages of synthetic adrenal substance, desoxycorticosterone, is aptly summed up in editorial comment of the *Annals of Internal Medicine*:

"The synthesis of desoxycorticosterone acetate provides for the first time an adequate quantity of crystalline adrenal cortical hormone for clinical use. The uniformity of the preparation, and the constancy of potency are of inestimable value, but not more important than is the fact that the synthetic compound provides adequate therapy at a greatly reduced cost."

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ROBERTA MATTHEWS, EDITOR

• Whether you collect carpetbags or cattle-brands, you should know something about The Hobby Guild of America, 34 West 33 Street, New York City. Its credo is "to coordinate and disseminate information of modern hobbydom" and to promote the "stimulating exchange of hobby ideas." Membership in the Guild will reduce your annual stipend by two dollars but will entitle you to various benefits that we have examined and believe well worth the two-spot. Among them are a book on your particular hobby and the four yearly issues of "The American Hobbyist," a slick-paper magazine chuck full of titillating suggestions. A recent Guild campaign, for example, was the distribution of 25,000 hobby scrapbooks to shut-ins. Perhaps someone in your hospital received one.

And so to our August contributors:

SCISSORS: Would be glad to exchange with other hobbyists. Marie Nutt, 5800 Stony Island Ave., Chicago, Ill.

EAR-RINGS: I like them modern, or antique. Am also interested in antique buttons and belt buckles. Shall be happy to hear from other R.N.'s. Perle Day, 829 W. Symmes St., Norman, Okla.

LEAD PENCILS: I am collecting pencils with advertisements from the various States on them. Anyone who wishes to exchange, please write. Jeannette M. Titus, 3108-6th St., Port Arthur, Texas.

MINIATURE DOGS: Not over three or four inches. Any kind of dog will be appreciated, whether it's wooden, china, or some other material. Size is important. I will be happy to exchange. Stella Hyde Luhn, 2030 Broadway, Oakland, Calif.

INDIANS: Will be glad to offer stamps for items pertaining to the life of the various Indian tribes—wigwams, canoes, tom-toms, toy Indians, tomahawks, etc. Martha E. Thorpe, 239 W. Douglass, Reading, Pa.

INDIAN FOSSILS: Relics, mineral shells in the matrix, curious plants, marine specimens and oddities of all sorts. Also collect Mexican idols and am still looking for one perfect specimen. Will be glad to loan pictures of my collection. Adele L. Ronecker, 4344 Forest Park, St. Louis, Mo.

SALT AND PEPPER SHAKERS: Will gladly exchange or pay costs for shakers from the various States. Unique patterns, designs or shapes also desired. Irene Rounds, 636 N. 4th St., Grand Junction, Col.

PAINTINGS: Art catalogues or postcard reproductions are a splendid hobby for art lovers. I have duplicates of several and will be glad to send them without charge or thought of anything in exchange. Alma Jones, 509 East 79th St., New York, N.Y.

FLORENCE NIGHTINGALE PICTURE: I make clay figures and am anxious to secure a good likeness of Florence Nightingale which I may copy. Do you know where I may borrow or buy one? Petra Broberg, The Chicago Orphan Asylum, 850 East 58th St., Chicago, Ill.

MINIATURE DOGS: I will gladly exchange exquisite small bed pillows—without cushions—for pups under four inches. The pillows are made of net and are truly



lovely. Kay Rowan, 20 Clarke Pl., Bronx, N.Y.

KEY RINGS: I should like them from every State and from foreign countries. Be glad to exchange or pay postage. Jaleen Andrews, Forsythe Sanatorium, Winston-Salem, N.C.

VASES: Any kind, size, or shape. Will be glad to exchange and try to supply some needed item. Adelaide Hibbard, 918 N. 30th St., Waco, Texas.

CATS: Glass, china or wood; from Siamese to alley! What may I send you in exchange? Marie Long, Box 1167, McAllen, Texas.

SPOONS: I am collecting spoons engraved with the name of the State or some historical landmark. Will be glad to pay for spoons from the South, East, or foreign countries. Already have a wide array from the West. Linnea H. Hokum, N. 830 Summit Blvd., Spokane, Wash.

MINIATURE BRASSES: Candlesticks, vases, bowls, etc. Will be delighted to exchange. Marion S. Patch, 731 N. First St., Cherokee, Iowa.

VERSE OR PROSE: Writings by or about nurses or doctors. Light or heavy; gay or sad. Will pay postage or exchange. Virginia Long, 592 Summit Ave., Pasadena, Calif.

The following are to be added to our rapidly growing list of picture collectors:

Mrs. Anne Mayer, 350 S. Douglas Ave., Springfield, O. (Snaps and pictures of small babies, especially twins. Will acknowledge all receipts.)

Athene Adams, Apt. 210-417 E. Union St., Seattle, Wash. (Snapshots from everywhere. Will repay with other items.)

Dorothy Kenney, 1550 W. 95 St., Chicago, Ill. (Picture post-cards of hospitals. Will exchange duplicates. Has already corresponded with collector R.N.'s in St. Louis.)

Phoebe Peterson, 643 Alton Rd., Miami Beach, Fla. (Post-cards or photos of flowers. Would especially like your State flower.)

Bonnie Pickering, 3740 John R. St., Detroit, Mich. (Post-cards of hospitals in the U.S. and foreign countries. Will trade, pay postage, or make any arrangements satisfactory to other collectors.)

How well do you spell?

[Continued from page 19]

Here's a list of catch words. Check those you think are correct, and then turn to page 42 for the answers.

WHICH IS CORRECT?

- | | |
|-------------------|-------------------|
| 1. abscess | 2. abcess |
| 3. amennorhea | 4. amenorrhea |
| 5. barrium | 6. barium |
| 7. axillary | 8. axilary |
| 9. bacillus | 10. bacilus |
| 11. basil | 12. basal |
| 13. clavicle | 14. clavical |
| 15. bichloride | 16. bicloride |
| 17. bilious | 18. billious |
| 19. bimanual | 20. bimanuel |
| 21. bismouth | 22. bismuth |
| 23. buttox | 24. buttocks |
| 25. circumscision | 26. circumcision |
| 27. coccygeal | 28. coxycgeal |
| 29. colitis | 30. collitis |
| 31. colostomy | 32. cholostomy |
| 33. convalesence | 34. convalescence |
| 35. defication | 36. defecation |
| 37. diarrhea | 38. diarrhea |
| 39. diphtheria | 40. diphtheria |
| 41. disinfectant | 42. disinfecent |
| 43. infectious | 44. infecteous |
| 45. inflammation | 46. inflamation |
| 47. inguinal | 48. inguinel |
| 49. inoculation | 50. innoculation |
| 51. instillation | 52. instillation |
| 53. laperotomy | 54. laparotomy |
| 55. leukocyte | 56. leukocyte |
| 57. meatis | 58. meatus |
| 59. menstration | 60. menstruation |
| 61. nasal | 62. nasel |
| 63. ovary | 64. overy |
| 65. larynx | 66. larnyx |
| 67. placebo | 68. placeba |
| 69. pharynx | 70. pharnyx |
| 71. protein | 72. protien |
| 73. pylitis | 74. pyelitis |
| 75. quarrantine | 76. quarantine |
| 77. respiretory | 78. respiratory |
| 79. retension | 80. retention |
| 81. scapel | 82. scalpel |
| 83. incsision | 84. incision |
| 85. sedetive | 86. sedative |
| 87. sinus | 88. sinus |
| 89. erysipelas | 90. erisypelas |
| 91. turniquet | 92. tourniquet |
| 93. Trendelenburg | 94. Trendeleburg |
| 95. umbillicus | 96. umbilicus |
| 97. vacination | 98. vaccination |
| 99. sterilize | 100. sterelize |

It's true, Nurse— NEW IVORY SOAP sets a new standard of MILDNESS!

*By test, New "Velvet-Suds" Ivory
is milder—kinder to skin—than
10 leading toilet soaps!*

In 1879, when Ivory Soap was first launched, it quickly won the confidence of mothers, the approval of the nursing and medical professions because of its uniform purity and mildness.

In 1941, we present the New Ivory Soap—"New" in that it is the sum of many improvements—improvements resulting from 62 years of constant research on Ivory Soap.

The New Ivory Soap shows such remarkable superiorities . . . especially in its new high standard of mildness . . . we now feel justified in calling these facts to your attention:

New Ivory Soap is milder. Today, Ivory is not only milder than any other widely advertised floating soap—but it is

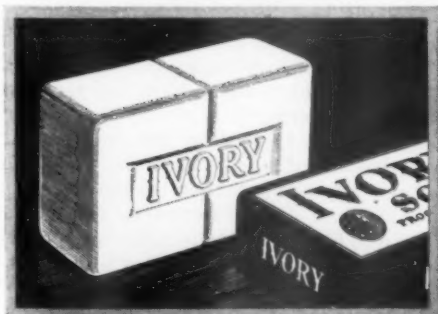


also milder than 10 leading toilet soaps. This was proved in hundreds of skin patch tests, with a technique approved by leading dermatologists.

New Ivory lathers more freely—especially in hard water. It is difficult to increase the sudsing speed of a floating soap without sacrificing mildness. *However, today Ivory has increased both mildness and sudsing speed.*

You will notice the extra-whiteness of New "Velvet-Suds" Ivory Soap—the creamy feel of the lather. And we feel confident that its new and greater mildness makes it more than ever worthy of your approval.

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LONDON LETTER

St. Mary's Chambers
Market Hill, Cambridge
June 18, 1941

● After a prolonged cold and wet period, this month is at last justifying its name of "Flaming June." The contrast of this Spring with that of 1940 is amazing, the latter excelling in perfection and beauty any season within living memory. Weeks of bright sunshine and soft air made the trees leaf early and the gardens were a riot of flowers. This is my memory of the first Spring of the war. It seemed as if Mother Nature was trying to encourage and comfort us for the ordeals through which we were passing. The sun and the flowers warmed our hearts as well as our bodies. Indeed so remarkable was the weather that it became the common topic of conversation. Many of you will know how lovely Britain can be in Springtime. Certainly this one surpassed all others, or was it that we noticed it more?

I have also a vivid memory of the morning Mr. Chamberlain announced that England was at war. Listening to his solemn words our hearts were indeed sad. The climax was reached immediately after the playing of the national anthem, for there rose the wails of the sirens—the first of hundreds. Police whistles were blown and people looked at each other as if to say, "So soon?" Fortunately nothing happened and presently the "all clear" was sounded. . . You will wonder why I have dwelt on this first day of war. Probably it is because this is just such another brilliant day.

Now to talk of present-day affairs. The Government decision to provide coupons for clothes has caused both consternation and amusement. It is a very new experience to have to consider not only whether we can afford to pay for the new coat or dress, but also whether we can afford it in coupons! Nurses were very agitated, as the number of coupons allowed (twenty-six up till August) would not provide private dress as well as uniform. However, the Government has now decided that



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JERSEY CITY, N. J.



nurses' uniforms are to be exempted, so we are all breathing freely again. Do not think we have any real objection to clothes coupons. The reverse is the truth, for the whole nation agrees that it is a small sacrifice to weigh against future happiness and peace. Many women are going about barelegged during the Summer to save stockings for the Winter. Nurses, of course, must still wear them.

Another subject which is interesting the nursing profession at the moment, is the scheme instituted by the Government for attracting girls towards taking up nursing as a profession. Selected candidates are to be paid by the Government and will start at £40 per year, rising to £70 in the final year. This is considerably more than student nurses receive at present. After final examinations have been passed, these nurses will not choose their own post but will be sent wherever they are needed most. You will readily understand that such a change necessarily gives rise to a great deal of comment and discussion. Some favor the scheme while others do not. At present it is the custom—as in your country—for nurses to be quite free in their choice of position. It is too early as yet to predict the degree of success of this plan. The whole question of salaries is also under review. Many nurses advocate a rising scale according to experience and qualifications, based on a plan similar to that of the Burnham scale for teachers.

It may seem strange to you that we are thinking of salary increases at a time when the country needs every penny we can give for the war effort. Of course we are planning, not for the present, but the future. When victory has come to us—as surely it will—we must be ready with

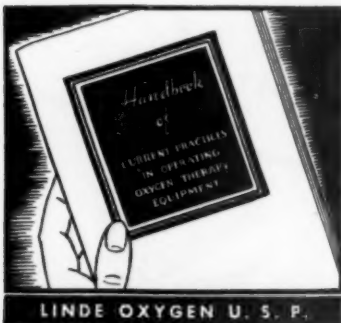
plans to enhance the profession in all its aspects. The last war gave birth to the Royal College of Nursing which is celebrating its Silver Jubilee this year. It also prepared the way for the formation of the General Nursing Council in 1919. These two great bodies have been the means of raising the standard of training and maintaining its uniformity. The present war has already seen the formation of a Division of Nursing at the Ministry of Health which may in the future revolutionize the whole of our nursing organization. The head of this important body is Miss Katherine Watt, who has had a very distinguished career as a nurse.

Today I was invited to visit a hospital train, fully equipped and staffed, and ready for immediate use. I hope to tell you something about this in my next letter. By the way, one of our most popular songs at the moment is one beginning with the words, "Thank you America for all you have done." I think you might like to know how deeply grateful we are for what you are doing. God bless and preserve both our nations and bring us peace with honor.—LOIS OAKES, S.R.N.

QUIZ ANSWERS

These are the numbers you *should* have checked on the spelling test on page 38. Score two points for each one right.

1; 4; 6; 7; 9; 12; 13; 15; 17; 19;
22; 24; 26; 27; 29; 31; 34; 36;
38; 40; 41; 43; 45; 47; 49; 52;
54; 56; 58; 60; 61; 63; 65; 67;
69; 71; 74; 76; 78; 80; 82; 84;
86; 88; 89; 92; 93; 96; 98; 99.



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Send me Tish-U-Knit "R.N." Sweater ☐ at \$4.50

Send me same sweater without crest ☐ at \$4.25

Size.....

Name.....

Address.....

City..... State.....

Camilla Danforth, R.N.

[Continued from page 32]

The powder room and shower, which may be used by women employees up until midnight, is supplied with shower slippers, cold cream, face powder, and—for the bath—a supply of well-known baby powder.

In proportion to their use of the Medical Department, the men have a single-bed room and a separate lavatory. Their bed is a Gatch, which may be transferred to the women's dormitory should occasion warrant.

The records Camilla keeps so meticulously, give testimony to the Danforth penchant for organization. At the drop of a Fedora, she can produce complete data on any one of the six hundred employees treated monthly. Complaints are classified in nine groups:

1. Abrasions, burns, contusions, infections, lacerations
2. Fractures, sprains, strains
3. Fatigue, nervousness, syncope
4. Gastric, headache, toothache
5. Eye, ear, nose, and throat
6. Dysmenorrhea
7. Rest
8. Skin
9. All others

There is indexing and cross-indexing so that statistics, not only about individuals but about the general health picture, are immediately available. Reports, compiled from her records, are sent once a month to the personnel de-

partment and thence to interested executives. These reports include the number of patients treated; the number of industrial injuries; the number of times beds are used; a breakdown of ailments, and the sources to which patient has been referred—clinic, doctor, or dentist.

"The employee's name, of course, is not indicated on these reports," Miss Danforth explained. "They serve merely as a check-up on the Medical Department's utility and function, not on the individual worker."

Camilla gives kudos to her organization for their cooperative attitude toward her work. She is allowed a free hand and a generous budget.

"My management urge me to go to lectures and meetings—take courses if I want to. They believe, as I do, that it is important to keep abreast of all developments in the field."

Although hers is a branch of nursing which, of necessity, is more concerned with nerve tension, fatigue, and the offshoots of physical inactivity than with accidents and occupational diseases, Camilla is keenly interested in the problems of other industrial nurses. She attends regional conferences and is active in the New York Industrial Nurses Club.

As in other offices where work is at high pressure, most of the nine hundred employees of Time, Inc. are under heavy mental and emotional strain. Insistent deadlines must be met and can

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AGE MORE THAN THREE TIMES THAT OF THE STRIK-
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TO LAST MORE THAN FIVE TIMES AS LONG!”

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*Facts from: Proc. Soc. Exp. Biol. & Med., 1934, 32, 241-245; N. Y. State Jrl. of
Med. Vol. 35, No. 11,590; Arch. of Otolaryngology, Mar. 1936, Vol. 23, No. 3,306



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only be met through the cooperation of each individual—from editor to office boy. The common cold, too often contracted from lowered resistance, is an ever-present contagion hazard. It is up to *Time's* nurse to keep the bill of health as clean as possible, to insist on rest where rest is indicated, to make her department a refuge not only for the sick but for the potentially sick. It is fortunate that she is a good psychologist, generously endowed with the Southern characteristic of putting emphasis on "you" rather than on "I." There is starch in her white office coat but none in her demeanor as she greets patients who drop in. She remembers names and faces, can quickly recall whether it was Tommy, Jr. who has had the whooping cough and Bill's wife the new baby.

While she works, she chats—not volubly, but effectively.

"I think it's only fair to explain what I'm doing, and why," Camilla says. "Anybody is apt to be distrustful of what is being done to him or to lose interest in carrying out suggested treatments at home unless he knows the reason for it."

Her policy is to do *something* for everyone who calls at the office.

"Maybe I just weigh 'em, or give them a glass of water, but they should leave with the impression that I'm here to help."

She scoffs at the idea that "pampering" will lead to wholesale hypochondria.

"Busy people don't have time to cry over themselves. And all our employees are busy."

Camilla, like other astute nurses, is aware that some headaches react to aspirin, others to horse-sense. She knows that neither treatment will substitute for the other. And when gastric disturbances hark back to in-laws, she is professional confidante as well as professional nurse. The dual role is well-taken as Camilla's fan mail attests.

"Our hospital rejuvenator restroom

is one of the most carefully planned, just right ensembles I've ever seen evolved," wrote a former personnel executive, giving Camilla the accolade.

However, the gratification of executives and subordinates is best expressed by their use of the Medical Department—their realization that it is there to serve them, not only in sickness but in health, and in the ever-increasing number of employees who drop in during their lunch hour just to say "hello" or "thank you."

To Camilla Danforth, that is perfect tribute.—JEAN DEWITT.

Parasites

[Continued from page 23]

Generalized itching may be accompanied by urticarial wheals due to punctures, erythematous macules, parallel linear scratch marks, or thickening of the skin as a result of continued rubbing. Secondary staphylococci infection is common. Undergarments should be boiled and the seams pressed with a hot iron. The body should be bathed in soap and water and sponged with benzine. Antiparasitic powders containing pyrethrum, naphthalin, and camphor may be used on clothes.

The pubic louse may be acquired in public lavatories or as a result of sexual intercourse. The lice may migrate to the armpits, eyelashes, or any part of a hairy person. Almost the color of the skin, they adhere to it and cause terrific itching. Occasionally a bluish macule may appear that does not itch. One application of a copper salt in organic solvent will usually kill both parasite and ova. Tincture of larkspur and 2 per cent ammoniated mercury ointment are also reliable.

Ticks.—Several varieties exist. Pine woods and underbrush are their usual habitat. Eggs are laid in grass from which man picks up the infection. The spirochete of relapsing fever is transmitted by one variety. Ticks may drop



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off after attaching to the skin to suck blood. Attempts to dislodge them before becoming engorged may result in infection. Ticks may be paralyzed by applying a few drops of benzine or tobacco juice to facilitate removal. An urticarial wheal appears at the point of puncture. Itching and pain may follow for several days. Antipruritic lotions are an aid.

Grain itch (harvest mite).—This tick lives in grains. It is often mistaken for chigo itch. Farm hands and packers are most often infested in Summer and Fall. Result is a hemorrhagic spot surrounded by erythematous swelling. Intense itching and pain is sometimes associated with toxic constitutional symptoms. Lesions appear on legs and occasionally the upper extremities.

Another worm-like tick may infest the sebaceous follicles, usually the face. While it is generally harmless it may cause facial pustules and pigmentation. It is found chiefly in women who cleanse their skin with creams alone. Lesions resemble impetigo. Extermination is by frequent use of soap and water. Carbon tetrachloride and sulfur may be used.

Tick paralysis may be caused by the bite of this parasite over the vertebral column especially near the head. Children are most susceptible. It is not known whether this is due to infection or toxic substances from the tick.

Fowl mite.—This parasite infests

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Patients appreciate these practical niceties; and physicians recognize the hygienic improvement assured by the unhampered placement of the tampon high in the vaginal vault.

Designed by a physician, Tampax is supplied in three different sizes (Regular, Junior, and Super) to meet individual requirements. Its superior absorbency assures a safe margin of protection, while (in addition) it serves to minimize offensive odor . . . eliminate vulvar irritation . . . abolish conspicuous bulging . . . permit eliminative functions without disturbance . . . render swimming and tub-bathing practical . . . and promote external daintiness.

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people who handle canary birds, pigeons, and poultry. It produces an inflammatory itchy papule in any area of the body. Scrubbing with soap and water, followed by massage with sulfur ointment containing menthol and phenol, will usually kill the tick.

Rat mite results in a condition resembling scabies. It is often found in moving picture theatres. Reports show some evidence that these parasites may be carriers of endemic typhus.

Rocky Mountain spotted fever, a typhus-like disease, is carried by ticks. This disease, which has spread to the eastern seaboard, has a very high mortality rate.

Fleas.—The rat flea, carrier of bubonic plague and endemic typhus, is well known. Best "cure" for this type of parasite is destruction of the host. Homes should be thoroughly cleansed and fumigated. Powdered sodium fluoride kills the larvae. Stagnant water in kennels should be eliminated. Derris powder on domestic animals is effective.

Chigo (chigger, jigger, chigre, sand flea) is a tick or mite that is rather common. Proper footwear and leggings will help to avoid them as feet and ankles are most commonly attacked in woods and fields. Bath of soap and water should be followed by forceful extraction of the flea if it has penetrated the skin. A flat needle is used, and the cavity is cauterized with pure carbolic acid, followed by alcohol. Bichloride of mer-

cury dressing may be applied.

Leishmaniasis.—This ulcerating granuloma caused by protozoa is widely distributed. The American type affects mucous membranes of the nose and throat in from 10 to 20 per cent of the cases. The sand fly is probably the transmitter. A fungating ulcer appears on the mucous surfaces. Sores may infiltrate the deeper tissues causing destruction of the nose and parts of the face. Larynx and pharynx may be affected. Excision with electrocautery is the method of choice. Two per cent ointment of antimony tartrate or fuchsin paint may be applied locally. Carbon dioxide snow, X-rays, and ionization have also been used.

Myiasis caused by the larvae of flies when eggs are deposited in the skin may set up mild to severe inflammation. One species migrates to areas where there are folds of skin. It burrows into subcutaneous tissue producing an inflammation similar to a furuncle in appearance. Maggots may be seen in the center. They must be removed surgically and the wound cleansed for at least thirty minutes with a douche of 15 per cent chloroform dissolved in a light vegetable oil.

Creeping eruption.—The larvae of certain flies may penetrate the skin and by migrating cause painful and annoying lesions. This is similar to "ground itch" due to hookworm. Track of migration is a thin reddish line. Scratching causes extensive excoriation. Because it



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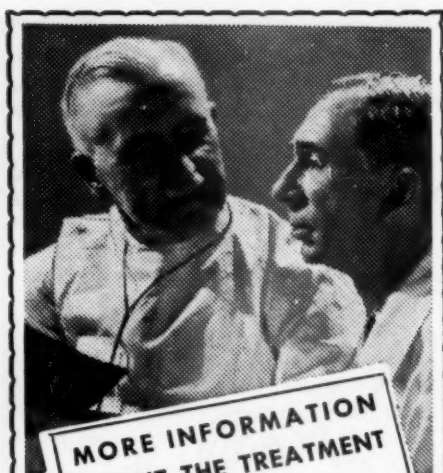
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• In a recent series of clinical tests, patients instructed to use Micajah's Wafers daily in conjunction with regular office examination and treatment responded much more rapidly than those receiving controlled treatment only at three day intervals. Except in extreme cases, patients' condition warranted discharge within four week period. Conclusions drawn indicate that continuous medication is an important factor in the prompt elimination of common leucorrheal conditions.

Every R.N. should appropriate this additional evidence to induce and convince the women they know that a doctors' advice concerning conjunctive home treatment, be followed explicitly. The many doctors who prescribe Micajah Wafers depend upon their patients cooperation for satisfactory results.

Matching closely the requirements recommended by noted investigators, Micajah Wafers are stainless, non-toxic, non-irritating, antiseptic and have a pH rating of 3.0 to 3.5. Densely compressed these wafers are extremely slow in dissolution thus maintaining medication for an extended period of time. Free samples and bulletin, "Leucorrhea, Its Cause and Treatment" mailed upon request. Send coupon.

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may persist for a long time, loss of sleep and appetite may result in lowered weight and vitality. Larvae may remain alive for as long as two years. It is most common in feet, buttocks, hands, back, and legs. Children are most commonly effected. Development is favored by moisture, therefore damp weather favors increase. Best prophylactic measure is to avoid damp sandy soil, especially where dogs and cats roam. Where the disease is prevalent, stray dogs and cats should be eliminated. Ethyl acetate is effective when applied to the skin. Freezing with ethyl chloride spray or carbon dioxide snow is also used. Sloughing may follow this treatment. Antiseptics such as Dakin's Solution are used for any associated secondary infection.

Scabies is caused by penetration of the skin by the female itch mite. At point of penetration a vesicle or pustule is formed. Elevated grayish straight or dotted lines, caked burrows, may appear on the skin. Common locations are webs between fingers and toes. It may spread over the fingers, wrists, and forearms as well as axillae, abdomen, and genitals. In infants the face, scalp, and soles of the feet are affected. This is not seen in adults. Freedom of face from involvement is a diagnostic sign in adults. Duration and extent vary. In women itching of the nipples associated with general pruritic eruption is seen. Men may have itching papules of the penis and scrotum. Condition tends to be worse at night. Eosinophilia is generally present.

Clothing should be changed to avoid reinfection. A hot bath, plenty of scrubbing with soap to remove scales and scabs, is indicated. Sulfur ointment is the classical treatment, but styrax, or balsam of Peru are probably better. Betanaphthol, oil of cade, and pyrethrum are also used.

Temporary parasites.—Biting flies may cause painful and annoying symptoms. The tsetse fly is well-known as



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As a Bouquet of Flowers

THE ATMOSPHERE of the sick room may be considerably brightened by flowers. And just as cheering to most patients is the daily application of MUM, the snow-white cream deodorant. Both sick room and patient feel cleaner and sweeter.

It's modern to give the patient personal "air-conditioning"* with MUM... non-irritating... quick to apply. It destroys odors without interfering with normal perspiration. Does not stain clothing or bed linen. Nurses use it themselves... they enjoy this personal "air-conditioning" too.

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* Personal "air-conditioning" applies to the removal of stale perspiration body odors which may permeate the atmosphere of the office or room.

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To each RN comes THE DAY when she knows that she is capable of undertaking wider responsibility . . . that she is entitled to a higher rate of remuneration. From that day forward, the duties at hand become increasingly irksome—simply because they draw so little upon her capabilities.

Advancement in the same institution or community may be impossible. Perhaps the step forward is effectively blocked by an individual who is capably filling a position she regards as her ultimate goal in the profession. This circumstance, however, should not sound the death knell for your ambition!

Your name and address on a postcard will bring one of our registration forms to your door. Following your registration with us, we shall immediately send you a comprehensive, nationwide survey of opportunities for advancement in your particular field of professional interest—be it anesthesia, the operating room, pediatrics, obstetrics, floor supervising, or—(you name it!) Your correspondence with us will be kept in confidence.

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Chicago

host for trypanosomes of sleeping sickness. The stable fly may cause anthrax. A deer fly has been suggested by some authorities as the cause of tularemia. Species of the sand fly may cause a disease known as "phlebotomus" fever. Mosquitoes of the anopheline group are either the definite or intermediate hosts of malaria. Mosquitoes are also carriers of yellow fever. Bedbugs which appear in all parts of the world emit an irritating substance causing urticarial or purpuric reactions. Many consider them a means of disease transmission. Extirmination is imperative.

Conclusions.—While parasites as a means of infection, disease and death have been recognized for some time, their full importance is seldom stressed. Except for studies of tropical medicine, literature has been woefully scarce. Today more and more information is appearing. It is our suggestion that the nurse recognize the need for further education in this branch of medicine. As laboratory methods improve the story may be more fully written.

[For a bibliography on the topics discussed in this article, send a stamped, addressed envelope.—THE EDITORS]

This new army game

[Continued from page 26]

Finally Sue and I were alone. "They've left us to polish off the K.P.," I sighed. We limped to the kitchen.

Circa two A.M. I took stock. No supper; a deep cut in my right hand from a bread knife someone had tossed in with the silver; an inflamed eye where I had been socked with a tennis ball; a run in my left stocking, the toes of both shoes crushed; a cigarette burn in my new shantung, and physical and mental exhaustion.

Seems to me that that ever-elastic Defense Budget should include a whopping big appropriation for Civilian Casualties. . .

News of the month

[Continued from page 34]

Council of the State of West Virginia announces examinations to be given for the following positions in the West Virginia State Health Department:

Director, Public Health	
Nursing	\$220-270
Public Health Nursing	
Supervisor (State)	\$160-200
Public Health Nursing	
Supervisor (Local)	\$150-164
Director, Public Health	
Education	\$220-270

While residence in West Virginia has been waived in consideration of applicants, the home State girls may be given preference in making appointments. For complete details, write Merit System Council, State of West Virginia, Box 873, Morgantown, W.Va.

Nurses eager to work for Uncle Sam in other States would do well to check on the available positions announced periodically by the U.S. Civil Service Commission. Present openings are in the Veteran's Administration, Public Health Service, Indian Field Service, and in the field of medical technology. Applications should be made to the Commission's Washington, D.C. office. Any first- or second-class post office will supply information and application blanks.

SMALL TALK

● Going to Jerusalem? It might interest you to know that even in the Holy City refresher courses are being given at the Henrietta Szold School of Nursing, now revising and expanding its training program. Air raid emergency treatments and precautions are included in the courses for the more than 100 nurses already registered for brush-up work.

● Nurses who can't get to sleep in the presence of a normally ticking clock, are victims of imagination, according to latest research. The regular ticking of a clock or the muffled sounding of a fog horn are supposed to induce, not disturb, sleep... Skeptics may take the matter up with Dr. George D. Lovell, of Northwestern University, who reached this conclusion after conducting elaborate experiments on the effects of rhythmic sound.

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DUTY STOCKINGS
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Many Nurses Say These
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Certainly, it's a sensational bargain when you get full-fashioned, four-thread or six-thread high-twist white silk stockings... with run-proof tops and mercerized heel and toe... for 50c and a soap wrapper.

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We want you to try it yourself... to see how it lathers at a touch in hard water, soft water, hot, cold, mineral or alkali water—how it leaves the skin soft as velvet, smooth as silk, tingling with cleanliness. Made of pure vegetable oil and extract of soap root, Sayman's Soap contains no animal fats, no filler, no free alkalis. It rinses out of the hair completely in clear water, so when you use it for a shampoo—just rinse thoroughly with water and forget the usual lemon or vinegar rinse ordinarily needed to clear away that soapy film.

For EACH PAIR of full-fashioned white silk duty stockings you want... send the wrapper from one bar of Sayman's Vegetable Wonder Soap and 50c in coin or money order—(no stamps, please)—with your name, address and stocking size. State whether you want 4-thread or 6-thread silk. And send AT ONCE, since this offer is for a limited time only... Sayman Products Company, 2181 Locust, St. Louis, Missouri.



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OF THE SAME HI-QUALITY FABRICS
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**Sanforized-Preshrunk
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Of the \$3.50 to
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\$2.59

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MU-COL is non-deteriorating in powder form, quickly soluble.

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Calling
ALL NURSES

Is there someone in the profession you'd like to locate? You may insert here, without charge, a 75-word notice. Items will be published in the order received. Be sure to include your full name and address so that replies may reach you. Address the "Calling all nurses" editor.

MARTHA CLECK ROBINSON: Graduate of Silver Cross Hospital, Joliet, Illinois, class of 1909. When last heard from Miss Robinson was a missionary in China. Margaret A. Shaw, 402 Whitney Ave., Joliet, Ill.

SAN JOSE HOSPITAL GRADUATES: Please send your correct name and address to me for our mailing list. Thank you. Mrs. William Donahue, 1161 S. 7th St., San Jose, Calif.

FANNIE BOULWARE AND ETHEL JOHNSON: I should like very much to locate these nurses. They were formerly of Roper Hospital. Annie Hart, Club House, Lancaster, S.C.

PENNSYLVANIA NURSES: A nurses' committee for eight-hour duty is being formed in Philadelphia for the purpose of passing an eight-hour law in Pennsylvania. This bill, which has already been written, will be introduced in the State legislature very soon by Representative Rosenfeld. Will interested groups please get in touch with us? Philadelphia Committee for Eight-Hour Duty for Nurses, 2009 Pine St., Philadelphia, Pa.

NEW YORK UNIVERSITY GRADUATES: (School of Nursing). Our new nursing-education paper will have a column entitled, "What our girls are doing." Please send us a notice about your present job, your husband (if you are married), your degrees, and newest accomplishments. We want to hear from you! Lillian Wohl, N. Y. University School of Education, New York, N. Y.



The Nurse's Friend

EVERY nurse knows the importance of comfort and rest for the bed-ridden patient. She also knows how sheet burns, pressure sores, rectal or vulval irritation and eczema itching rob the patient of this needed rest.

Bland, soothing Resinol Ointment—time-tested by 45 years' use—is the nurse's friend because it enables her to so quickly and easily relieve sufferers from such skin torments. Being oily, its medication is held in contact with the irritated surface, prolonging the beneficial action, inducing restful comfort and thus aiding healing.

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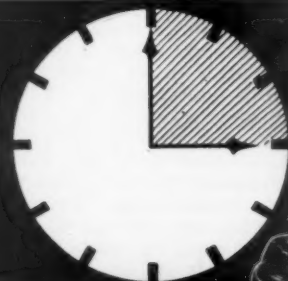
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There's something about Dole Pineapple Juice that makes young and old drink it with enthusiasm. It may be rotated acceptably with other fruit juices as a good source of Vitamins C and B-1, and yields alkaline mineral residues in the body.

For example—a six-ounce glass of Dole Pineapple Juice contains about 1/3 the daily minimum requirement of Vitamins C and B-1; it also contains some Vitamin A, Calcium, Iron and Phosphorus. Dole Pineapple Juice is high in quickly available food energy. The caloric content is 16.9 per ounce.

There is nothing added to Dole Pineapple Juice. It is the true, undiluted juice of big, perfect pineapples ripened on the plants. The exclusive Dole packing process retains the field-fresh flavor and fragrance to a high degree. Convenient to serve—just open a chilled can—pour and serve.



One six-ounce glass of Dole Pineapple Juice contains:

Biological Assay for Vitamins

Vitamin A.....	117 I. U.
Vitamin B-1 (Thiamine).....	100 I. U.
Vitamin B-2 (Riboflavin).....	0.0372 milligram
Vitamin C (Ascorbic acid).....	240 I. U.

Mineral Analysis

Potassium.....	0.282 gram
Sodium.....	0.00228 gram
Calcium.....	0.0252 gram
Magnesium.....	0.0234 gram
Iron.....	0.00036 gram
Manganese.....	0.0012 gram
Copper.....	0.00006 gram
Phosphorus.....	0.0144 gram

Typical Analysis

Moisture (by drying).....	84.7%
Protein (N x 6.25).....	0.3
Fat (Ether extract).....	trace
Crude Fiber.....	0.1
Titrateable Acidity (as anhydrous citric).....	0.6
Ash.....	0.3
Total carbohydrates other than crude fiber and acid by difference.....	14.0

DOLE Pineapple Juice
FROM HAWAII, U. S. A.



INTERESTING PRODUCTS

Here is a check-list on new products and services. You may have samples or literature by writing the manufacturers whose products are described on this page. Be sure to give your registration number, however. The service is available only to registered nurses.

CAPS AND MASKS: RANTEX is something new and different in surgical caps and masks. Made of vegetable fibre, the fabric can be autoclaved and sterilized without losing its shape or silky texture. It readily survives live steam, boiling water, and common solvents. Especially in summer, surgical nurses will appreciate the coolness of Rantex, as well as its porous, absorbent quality. Masks are equipped with tie-strings and caps with elastic finishing. For sample and descriptive literature write Holland-Rantos Co., Inc., Dept. RN 8-41, 551 Fifth Avenue, New York, N.Y.

MILK DESSERTS: Every nurse has faced the annoying problem of the milk rebel—be he six or sixty-six. Experienced nurses dress milk up and thus solve this problem—offer it made into such desserts as rennet-custards, which are quickly and easily prepared by adding either rennet powder or a rennet tablet to lukewarm milk. Both contain the rennet enzyme which causes milk to form softer, finer, more readily digested curds in the stomach than plain milk. For samples and diet lists write "The 'Junket' Folks," Chr. Hansen's Laboratory, Inc., Dept. RN 8-41, Little Falls, N.Y.

LABORATORY COURSES: Nurses who want to get ahead today turn to special fields, take courses which fit them for jobs with opportunity for advancement. Such courses are now being offered at reasonable rates by the Northwest Institute. Subjects include clinical laboratory technique, metabolism, electro-cardiography, and X-ray technique. The Institute has a high record of placement for its graduates. Write for a descriptive booklet on the

courses available. Northwest Institute of Medical Technology, Dept. RN 8-41, 3404 E. Lake St., Minneapolis, Minn.

TESTED FUNGICIDE: For treating athlete's foot and other fungus infections of the skin, physicians and nurses recommend KORIAM because of its proved fungicidal efficacy and vanishing cream elegance. It kills *Trichophyton gypseum* in vitro in ten minutes. It is white, greaseless, stainless, and odorless. Silk or nylon hosiery may be put on almost immediately after an application of Korium. A generous sample will be sent to any R.N. on request of Sarnay Products, Inc., Dept. RN 8-41, 40 Rector St., New York, N.Y.

SHAMPOO: Developed from a petroleum base, VAPON DRY SHAMPOO, is waterless as well as soapless. Especially recommended for abused hair, it may be effectively used on the convalescent to improve her appearance and aid her morale. For an illustrated booklet describing the Vapon treatment in detail, write Petroleum Derivatives Co., Dept. RN 8-41, Montclair, N.J.

FEMININE HYGIENE: Here's a subject important to all women—nurses themselves, as well as patients. It is admirably discussed in a booklet now offered the profession by the makers of Zonite. Zonite is the improved and stabilized form of Carrel-Dakin Solution, developed during the World War to reduce wound infection. Zonite combines exceptionally high germicidal index with unusually low tissue toxicity. For a copy of the booklet as well as a trial-size bottle address Zonite Products Corp., Dept. RN 8-41, New Brunswick, New Jersey.



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Positions available

Want a job? You may find it listed on these pages. To apply, write a separate application for each opening and address each one to the correct box number, care of R.N.—A JOURNAL FOR NURSES, Rutherford, N.J. R.N. does not conduct an employment service. It merely forwards your inquiries to placement bureaus and individual employers. ANSWER JOB ADVERTISEMENTS PROMPTLY!

ADMINISTRATOR: Midwest. Well-equipped clinic and hospital in suburb of large industrial city. Salary open to properly qualified candidate. (Placement bureau charges \$2 registration fee.) Box C568.

ADMINISTRATOR: North. Graduate nurse to administer municipally owned and operated hospital of 110 beds; no financial worries. Modern and completely equipped institution in attractive location. Salary, \$225; full maintenance. (Placement bureau charges \$2 registration fee.) Box MB8-1.

ANESTHETIST: Exceptionally desirable appointment on staff of university hospital. Position offers interesting contacts, attractive environment and living conditions. Salary, \$125; complete maintenance. (Placement bureau charges \$2 registration fee.) Box C569.

ANESTHETIST: Hawaii. Small general hospital needs thoroughly experienced anesthetist. Salary \$125; maintenance. (Placement bureau charges \$2 registration fee.) Box MB8-2.

ANESTHETIST: West. Duties include assisting in clinic with examination of patient. Ten-man clinic group, serving exclusive clientele in popular resort town. Anesthetist trained in use of different methods of anesthesia required. Salary, \$135; increasing. (Placement bureau charges \$2 registration fee.) Box MB8-3.

COLLEGE NURSE: New England. Duties consist of routine care of infirmary patients, assisting in dispensary and health clinic. Ten-bed infirmary. Excellent opportunity for one wishing to specialize in college health service. Applicant should be interested in educational aspects of student health program. (Placement bureau charges \$2 registration fee.) Box MB8-4.

DIETITIAN: Michigan. Hospital within 100-mile radius of Detroit seeks head dietitian. Salary, \$135; maintenance. (Placement bureau charges \$2 registration fee.) Box MB8-5.

EDUCATIONAL DIRECTOR: East. To take complete charge of entire teaching program in pediatric division of university group. Appointment carries rank of instructor on university faculty; B.S. degree required, M.A. advantageous. Salary, \$150; maintenance. (Placement bureau charges \$2 registration fee.) Box MB8-6.

EDUCATIONAL DIRECTOR: Southwest. To assume full responsibility of School of Nursing, teach some subjects. Attractive location. Candidate must have a B.S. degree and a minimum of five years' experience. Preferably under 40. Salary, \$150; full maintenance. (Placement bureau charges \$2 registration fee.) Box C572.

GENERAL DUTY NURSES: Several for tuberculosis division of large, centrally located institution. Postgraduate training or experience in tuberculosis required. Forty-hour week. Salary, \$140. (Placement bureau charges \$2 registration fee.) Box MB8-7.

GENERAL DUTY NURSES: California. Straight 8-hour night duty in large hospital. Salary, approximately \$100; partial maintenance. (Placement bureau charges \$2 registration fee.) Box C574.

GENERAL DUTY NURSES: Chicago. Several needed for obstetrical, surgical, and medical floors of fully-approved hospital. Day duty now; later shifts will be rotating. Salary, \$90; meals, laundry. (Placement bureau charges \$2 registration fee.) Box MB8-8.

GENERAL DUTY NURSES: East. Several general duty nurses for new beautiful maternity hospital. Experience or postgraduate training in obstetrics essential. Salary, \$100; meals, laundry. Rooms to be provided in new nurses' residence opening soon. (Placement bureau charges \$2 registration fee.) Box MB8-19.

***GENERAL DUTY NURSE:** Pennsylvania. Eight-hour duty in private, 5-bed, specialty hospital. Pleasant living conditions. Salary, \$70 to start; maintenance. Box H18-1.

***GENERAL DUTY NURSES:** Washington, D. C. General hospital of 450 beds. Salary, \$77.50; meals and laundry. For further information apply to Director, Garfield Memorial Hospital, Washington, D. C.

***GENERAL DUTY NURSE-TECHNICIAN:** Illinois. Small hospital. Candidate must be willing to do general duty. Salary open; maintenance. Box CH8-1.

INSTRUCTOR, CLINICAL: New England. Degree

**Not listed by placement bureau.*

not necessary if trained in clinical teaching. Duties include ward follow-up, class room, bedside nursing and demonstrations. (Placement bureau charges \$2 registration fee.) Box C570.

INSTRUCTOR, NURSING ARTS: Baltimore vicinity. Fairly large hospital, fully approved. Degree and several years' teaching experience required. Salary, \$150; maintenance. (Placement bureau charges \$2 registration fee.) Box MB8-9.

INSTRUCTOR, SCIENCE: California. Fairly large hospital located in big city. Candidate must be

capable of teaching anatomy, physiology, bacteriology. Salary, \$140; partial maintenance. (Placement bureau charges \$2 registration fee.) Box MB8-10.

INSTRUCTOR, SCIENCE: New York. Well-rated hospital. B.S. degree required, eligible New York registration. Candidate must be able to teach anatomy and physiology, microbiology, chemistry. Salary, \$150, maintenance—if well qualified and experienced. (Placement bureau charges \$2 registration fee.) Box C583.

NURSES' SALARIES!

1. Anesthetist—surg. supe.—\$140, mtc.
2. General duty—(a) \$100, meals. (b) \$98.50, mtc. (c) Hawaii—\$90-\$100, mtc. (d) Obstetrics—\$90, mtc.
3. Supervisor, obstetrics—\$125, meals.
4. Supervisor—days—\$115, mtc.
5. Surgery—(a) \$135, meals. (b) \$100, mtc.



1. **ANESTHETIST**—Surg. Supv.—California. Lumber camp hospital in Northern California; duties include administering anesthetics, supervising surgery and acting as assistant superintendent of nurses; \$140, maintenance. W148.

2. **GENERAL DUTY**—California—Hawaii. (a) Private 50-bed hospital, Southern California sea-side resort city; \$100, meals. (b) Northern California location; frontier atmosphere; 40 bed private general hospital; comfortable living accommodations; \$98.50, mtc. (c) Hawaii; several general duty vacancies in Island hospitals; Honolulu salaries start at \$75 with maintenance; plantation hospitals pay \$90-\$100, maintenance; nurses pay own transportation. (d) Obstetrics; California; 100-bed privately owned inland hospital; opportunity to attend college; \$90, full maintenance. W149.

3. **OBSTETRICAL SUPERVISOR**—California. For 500-bed county hospital; Central California; full charge department including teaching students; \$125, meals. W150.

4. **SUPERVISOR**—California. Day supervisor for 100-bed county hospital, Northern California; \$115, maintenance. W151.

5. **SURGERY NURSE**—California. (a) Well qualified surgery nurse, preferably postgraduate course but good experience considered; small private hospital, San Francisco Bay area; \$135, meals. (b) For 100-bed county hospital; \$100, maintenance. W152.

NOTE: Please consider that salaries vary with location and requirements; positions listed above are examples of the better salaries now available. All are 8-hour duty, 6-day week.

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Elsie Miller, Director

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NURSE-ANESTHETIST: New Mexico. Anesthesia combined with general duty. \$115, mtc. **LAB and X-RAY TECHNICIAN** needed in same hospital. \$125, mtc. D80

DIETICIAN: Interesting 75-bed hospital. Near West Coast. Catholic. Salary open. Advancement. D81

NURSING ARTS INSTRUCTOR: California, near Los Angeles. \$110-115, meals. Many other teaching positions on West Coast. D82

O.B. and SURGERY: Several needed for Los Angeles hospitals. Also, many general duty openings in good hospitals where friends can work together. Salaries vary. D83

SURGICAL FLOOR SUPERVISOR: P. M.'s. Texas modern 150-bed hospital in interesting town. \$100, meals, laundry. D84

GENERAL DUTY: Beautiful coast town, near San Francisco. \$77.50, room, board. D85

GENERAL DUTY: Arizona. Alternating duty in new 36-bed mining hospital. Unusually nice Supt. Salary—\$95, mtc. 2 weeks vacation with pay at end of year. D86

GENERAL DUTY: Northern Calif. 2:30-11 duty. An outstandingly well-equipped mining hospital. \$90, mtc. with advancement. D87

GENERAL DUTY: Calif. Three openings. 100-bed hospital in good-sized college town. Vacation and sick leave with pay. Definite program on advancement. Starting salary—\$80, mtc. D88

WARD SUPERVISOR: California R.N. required. Good-sized county hospital, not far from Los Angeles. \$90, mtc. D89

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Loretta Dunne, Director
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LABORATORY AND X-RAY TECHNICIAN: East. Graduate nurse qualified in X-ray and laboratory work for appointment with large university. May be stationed in one of several eastern States. Five-day week. Opportunity for advancement. Salary, \$125-\$135 to start. (Placement bureau charges \$2 registration fee.) Box MB8-11.

***NURSE AND HOUSE MOTHER:** Philadelphia. Christian school has desirable opening for a mature, experienced registered nurse, Baptist; 35-50 years of age. College graduate preferred. Box EB8-1.

OFFICE NURSE: Midwest. Opening is with EENT specialist in desirable residential city. College graduate, under 30 required. Starting salary \$125. (Placement bureau charges \$2 registration fee.) Box C579.

PHYSIOTHERAPIST: Pacific Northwest. General hospital accepting both private and industrial patients. Industries include paper mills, logging, by-products of lumber industry. Mountainous region, affording ample recreational facilities. Salary, approximately \$115 to start. (Placement bureau charges \$2 registration fee.) Box MB8-12.

RECORD LIBRARIAN: Chicago vicinity. Hospital of 150 beds. Good transportation facilities to Chicago. Registered nurse preferred. Salary dependent upon experience. (Placement bureau charges \$2 registration fee.) Box C582.

SUPERINTENDENT OF NURSES: East. Voluntary hospital of approximately 500 beds, affiliated with university medical school for teaching purposes. Thoroughly qualified woman required to succeed executive who has held position for nearly twenty years. (Placement bureau charges \$2 registration fee.) Box MB8-13.

SUPERINTENDENT OF NURSES: South. Academic degree required. Someone under 45 years of age, experienced in nursing education and nursing administration. (Placement bureau charges \$2 registration fee.) Box MB8-14.

SUPERVISOR, MEDICAL: California. Minimum two years' college training and supervising experience required. Salary, \$145. (Placement bureau charges \$2 registration fee.) Box MB8-15.

SUPERVISOR, MEDICAL AND SURGICAL: East. Desirable location. Candidate must be able to supervise several teaching units of eastern university hospital. Salary dependent upon qualifications. (Placement bureau charges \$2 registration fee.) Box C576.

SUPERVISOR, OBSTETRICAL: Chicago. Busy department averaging 90 deliveries monthly. Eight-hour day, six-day week, week-end off each month. Salary, \$125; complete maintenance. (Placement bureau charges \$2 registration fee.) Box MB8-16.

SUPERVISOR, SURGICAL: California. Highly-rated hospital in interesting location. Private room. Opening is in surgical ward. Some college background preferred. Salary, \$110; full maintenance. (Placement bureau charges \$2 registration fee.) Box C586.

SUPERVISOR, SURGICAL: Hawaii. Teaching supervisor for surgical department of private hospital. (Placement bureau charges \$2 registration fee.) Box MB8-17.

SUPERVISOR, TEACHING: West Coast. In outpatient department of large hospital. College degree, some social service experience required.

Salary, \$135 to start. (Placement bureau charges \$2 registration fee.) Box C586.

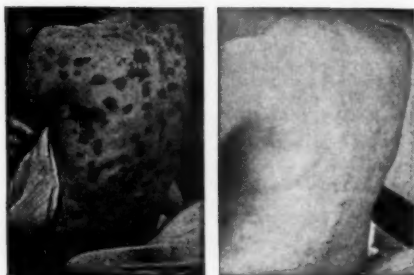
SUPERVISOR, TUBERCULOSIS: Midwest. Large municipal hospital. Experience in supervising capacity in tuberculosis hospital required. Meals available at nominal cost. Salary, \$150; room, laundry. (Placement bureau charges \$2 registration fee.) Box MB8-18.

SURGICAL NURSES: Several nurses for surgical department in large maternity hospital. Six-day week, eight-hour day. Attractive location. Post-graduate training in operating room technique required. Salary, \$125; including meals and laundry. Room will be provided when nurses' residence is completed in Fall. (Placement bureau charges \$2 registration fee.) Box MB8-20.

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